



# Parental Consent Form Concurrent Enrollment

UCA Registrar's Office-Harrin Hall 222-B  
201 Donaghey Avenue  
Conway, AR 72035

## Student Information

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

UCA Student ID or Social: \_\_\_\_\_

Student's Signature (required) \_\_\_\_\_ Date \_\_\_\_\_

## Parent/Guardian

1. I am the parent or legal guardian of the above named student. I hereby consent to his/her enrollment in the University of Central Arkansas Concurrent Enrollment Program.
2. I acknowledge that my student will be subject to adhere to all rules, regulations and policies of University of Central Arkansas.
3. The tuition cost for Concurrent Enrollment is \$10.00 per credit hour for each course he/she takes. To determine how much will be charged check the second digit of the course number. (Example: Charges will be \$30.00 for MATH 2311, PHYS 1410 charges will be \$40.00) Students will be billed by UCA. The bill will be mailed to the student's home address after the drop/add deadline. An e-bill may also be sent to the student UCA email account. Failure to pay for the course will result in late fees and a "student accounts hold". Students who have holds will not be allowed to enroll in future courses or be able to view or request transcripts for the courses they have previously taken until such time as the fees are paid.
4. An academic record from this course(s) will be a permanent part of my student's collegiate record and maintained in the UCA Registrar's Office.
5. Under the Family Educational Rights and Privacy Act (FERPA) I will not have access to the academic records of my student without his/her written consent.
6. I understand that should it be necessary that my student to withdraw from a concurrent credit course, it is my student's responsibility to follow all UCA guidelines for withdrawal. I understand that withdrawal from the high school class does not automatically withdraw student from the UCA course and I will still owe the fees associated with the course.

**I have read and understand the above policies and requirements:**

\_\_\_\_\_  
Please Print Name Parent/Guardian

\_\_\_\_\_  
Parent/Guardian Signature (required)

\_\_\_\_\_  
Date