

CONCURRENT CREDIT ENROLLMENT FORM

UNIVERSITY OF CENTRAL ARKANSAS

Office of the Registrar
 201 DONAGHEY AVE • CONWAY, ARKANSAS 72034
 Phone 501-852-7407 • Fax 501-450-5734

Section to be completed by Student (Please PRINT CLEARLY and COMPLETELY)

Use Legal Name Last Name: _____ First Name/Middle Initial: _____	SS Number: _____ UCA ID#: _____
High School: _____	New CEP Student: _____ Returning CEP Student: _____ Semester: _____
Home Address: _____ City/State/Zip: _____ Phone Number (Please include area code): _____ Email: _____ T-Shirt Size: _____	Date of Birth: _____ Year of Anticipated Graduation: _____

I request permission to enroll in the following concurrent credit course(s) offered by UCA.

CRN # Please Leave Column Blank	UCA Course Prefix "MATH"	UCA Course Number "1390"	UCA Course Title "College Algebra"	Course Length Fall/Spring/Year Long

Signature of Student

Date

Section to be completed by High School Principal

I approve the above named student for enrollment in the UCA concurrent credit program.

Signature of Principal

Date

Note: University of Central Arkansas reserves the right to make the final determination on enrollment. It is required that each student enrolling in a concurrent credit course meets or exceeds the stipulated ACT scores and GPA requirement for enrolling in the course.