

CONCURRENT CREDIT ENROLLMENT FORM

UNIVERSITY OF CENTRAL ARKANSAS

Office of the Registrar
201 DONAGHEY AVE • CONWAY, ARKANSAS 72035
Phone 501-852-7407 • Fax 501-450-5734
Fall 2023-Spring 2024

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

Use Legal Name Last Name: _____ First Name: _____ Middle Name or Initial: _____ Preferred Name (if different from Legal Name): _____		Date of Birth: _____ SS Number: _____ New Concurrent Student: <input type="checkbox"/> Returning Concurrent Student: <input type="checkbox"/>		
High School: _____		Attending Concurrent Term: _____ High School Graduation Year: _____		
Home Address: _____ City/State/Zip: _____ Phone Number (Please include area code): _____ Personal Email: _____		FOR REGISTRAR OFFICE USE ONLY – DO NOT WRITE IN THIS SECTION B# _____ Override APL: _____		
I request permission to enroll in the following concurrent credit course(s) offered by UCA.				
CRN # Leave Blank	UCA Course Prefix "MATH"	UCA Course Number "1390"	UCA Course Title "College Algebra"	Course Length Fall/Spring/Year Long
Signature of Student				Date

Note: The University of Central Arkansas (UCA) reserves the right to make the final determination on enrollment. Each student enrolling in a concurrent credit course must meet or exceeds the stipulated test score and GPA requirements for each respective course selected.

In addition, any sophomores interested in participating in the UCA Concurrent program must also submit a letter from their HS Counselor granting permission and confirmation that all prerequisite requirements have been acquired.