

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 2024 - SPRING 2025

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: _____ | <p style="text-align: center;">FOR REGISTRAR OFFICE USE ONLY – DO NOT WRITE IN THIS SECTION</p> 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 |
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|-----------------------------------|-------------------|
| Signature of Student _____ | Date _____ |
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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.