

PLEASE READ THE FOLLOWING STATEMENTS AND SIGN BELOW IF YOU AGREE TO ABIDE:

- 1. I must apply for admission at UACCM and that my admission will be determined by officials at UACCM in accordance with the UACCM High School and Home School Concurrent Enrollment Program policy and other College policies.
- 2. I must have my latest high school transcript and placement test scores forwarded to the UACCM Admissions Office to be evaluated for course placement purposes. If test scores are unavailable, I must contact the UACCM Admissions Office to take the Accuplacer.
- 3. A copy of my final grades will be provided to my high school at the conclusion of each semester for which I am approved to enroll.
- 4. Educational records maintained by the UACCM Registrar's Office may be released to the high school official indicated on this form for the semester for which I am approved to enroll.
- 5. The rules and regulations adopted by my high school govern any high school academic credit/grades that may be awarded for course(s) taken at UACCM.
- 6. Enrollment in classes at UACCM is subject to space availability and course pre-requisites.
- 7. I may be dropped from a course for which I am pre-registered if I fail to maintain the academic standards specified in the UACCM High School and Home School Concurrent Enrollment Program.
- 8. For home school students, I have filed the Notice of Intent and Waiver form with my local superintendent and it has received approval.
- 9. I agree to take courses and/or pursue a degree or certificate in accordance with the educational goal selected on this form.

Signature: _____ **Date:** _____
 (Student)

PARENT/LEGAL GUARDIAN INFORMATION

Name: (Please Print) _____
 (First Name) (Middle Initial) (Last Name)

Mailing Address: _____
 (Street address, P.O. Box, Rural Route, Etc.)

 (City) (State) (Zip) (County)

Phone Number: _____ **Email Address:** _____

Signature: _____ **Date:** _____
 (Parent/Legal Guardian Signature)

By signing, you agree that your student may be enrolled in the concurrent program at UACCM.



ADMISSIONS OFFICE

1537 University Boulevard, Morrilton, AR 72110 | (501) 977-2000 | 1-800-264-1094 | Fax: (501) 977-2123 | www.uaccm.edu