



CONCURRENT ENROLLMENT PROGRAM RECOMMENDATION FORM

This Concurrent Enrollment Program Recommendation Form, an online application for admission, official ACT or SAT score and an official high school transcript must be submitted to the Office of Admissions before your admission to the Concurrent Enrollment Program can be processed.

After your initial enrollment, this form must be submitted to your academic advisor in University College prior to each term that you intend to enroll through the Concurrent Enrollment Program, and should contain information only for that term.

STUDENT NAME _____ **BIRTHDATE** _____
(Last) (First) (Middle) (MM/DD/YYYY)

HIGH SCHOOL _____
(High School) (Address) (Phone Number)

SEMESTER OR SUMMER SESSION YOU WISH TO ENROLL AT THE UNIVERSITY OF OKLAHOMA

(Indicate one): Fall _____ Spring _____ Summer _____

COUNSELOR/PRINCIPAL/PARENT APPROVAL AND RECOMMENDATION

I HAVE EXAMINED THE ACADEMIC RECORDS OF _____
and certify the following information pertaining to the student.

CLASSIFICATION Junior Senior

DATE OF EXPECTED HIGH SCHOOL GRADUATION _____

THIS STUDENT WILL BE ENROLLED IN THE FOLLOWING HIGH SCHOOL COURSES FOR THE TERM SPECIFIED ABOVE:

Remember that the student's combined enrollment at your high school and the University of Oklahoma may not exceed 19 semester hours for a fall or spring semester or 9 semester hours for a summer session without special permission. One-half high school unit is calculated as three semester hours of college work. Non-academic high school units are excluded from the workload calculation. (Please indicate the high school course title and unit of credit below)

_____	_____
_____	_____
_____	_____

COUNSELOR OR PRINCIPAL APPROVAL:

I certify that the applicant is eligible to satisfy requirements for graduation from high school (including curricular requirements for college admission) no later than spring of their senior year.

(Signature of High School Counselor or Principal) (Phone Number) (Date)

PARENT/GUARDIAN PERMISSION AND STUDENT SIGNATURE:

I grant permission for _____ to enroll in Concurrent Enrollment at the University of Oklahoma. I acknowledge that any charges incurred by him/her are my legal responsibility to satisfy in full.

(Signature of Parent/Guardian) (Phone Number) (Date)

(Student Signature) (Phone Number) (Date)

FOR INITIAL ENROLLMENT, RETURN THIS FORM TO
The Office of Admissions & Recruitment | The University of Oklahoma
1000 Asp Ave., Rm 127, Norman, Oklahoma 73019-4076
or email it to oardocuments@ou.edu.

FOR RETURNING CE STUDENTS
Please bring this form to your academic advising appointment or email it to ce@ou.edu.