CONCURRENT ENROLLMENT PROGRAM
RECOMMENDATION FORM

This Concurrent Enrollment Program Recommendation Form, an application for admission, official ACT/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 ____________________________ (Last) ______ (First) ______ (Middle) ______

HIGH SCHOOL ____________________________

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. (Please indicate course title and unit of credit)

COUNSELOR RECOMMENDATION:

I recommend the applicant be permitted to enroll in a maximum of __________ semester hours at the University of Oklahoma for the term indicated above.

(Signature of High School Counselor) ____________________________ (Phone Number) ____________________________ (Date) ____________________________

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 the spring of their senior year.

(Signature of High School Principal) ____________________________ (Phone Number) ____________________________ (Date) ____________________________

PARENT/GUARDIAN PERMISSION:

Because the individual listed is a minor, 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

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