



CONCURRENT ENROLLMENT PROGRAM REGISTRATION FORM – TO BE COMPLETED EACH SEMESTER

WESTERN COLORADO COMMUNITY COLLEGE - 2508 BLICHMANN AVE - GRAND JUNCTION, CO 81505 - 970.255.2670 – FAX 970.255.2650

Student Name: _____ Term: Fall Spring 20_____

Last First Middle

Date of Birth: _____ Social Security Number: _____ SASID: _____
(Required for COF) (Required – see HS counselor)

Mailing Address: _____
Street City State Zip

Home Phone:(_____) Cell Phone:(_____) Email: _____

High School: _____ Class Standing: 10th grade 11th grade 12th grade

Complete only ONE section according to your registration status

EARLY SCHOLARS REGISTRATION

New

Returning

For current high school students wishing to take courses on a Colorado Mesa University campus.

Please list the registration information for your desired course(s) below. Click here to research the [specific course information](#) for your courses of interest.

Note: please check with your school regarding your financial obligation.

	Course Dept/#	Course Title	CRN	Instructor	College Use
1 st course	_____	_____	_____	_____	[]
Alt #1	_____	_____	_____	_____	[]
2 nd course	_____	_____	_____	_____	[]
Alt #1	_____	_____	_____	_____	[]

Upon course registration, you will receive a confirmed schedule. If your chosen course is full (and if a wait list exists for your chosen course) you will be placed on the wait list and be notified by the Registrar's Office should an opening occur.

HIGH SCHOOL SCHOLARS REGISTRATION

New

Returning

For students taking approved WCCC/CMU courses in their high school for dual credit. To select courses offered at your high school, please access www.coloradomesa.edu/wccc/hs/schools.html

Note: please check with your high school regarding your financial obligation.

	Course Dept/#	Course Title	CRN	Instructor	College Use
	_____	_____	_____	_____	[]
	_____	_____	_____	_____	[]
	_____	_____	_____	_____	[]

STUDENT ELIGIBILITY – TO BE COMPLETED BY HIGH SCHOOL OFFICIAL

To be Completed by High School Official (check all that apply):

This student is under 21 years of age. This student is eligible to enroll in basic skills courses at the college (12th grade only)

The school district agrees to pay tuition for _____ credits this term. * Information Required *****

Signature of High School Official: _____ Phone #: _____ Date: _____

Approved by Principal/Superintendent (designee): _____ Phone #: _____ Date: _____

PARTICIPATION AGREEMENT – TO BE COMPLETED BY THE STUDENT & PARENT/GUARDIAN

I understand that this agreement entitles me/my child to enroll in college courses. I understand the following:

1. I will meet the same course expectations and prerequisites as college students, as noted in course catalog and/or syllabus.
2. The course(s) satisfies college degree, certificate and/or remedial education requirements and is in line with my ICAP.
3. Course credits may transfer if I earn a grade of C or better in a Guaranteed transfer course, or accepted by postsecondary institution.
4. The grade received in this course will appear on my official high school transcript and college transcript.
5. If I withdraw from the course at the college/university after the drop/add date, I will receive a W or F grade on my college transcript.
6. Regarding college activities: qualified students may participate in activities, but are not eligible for NCAA athletic activities.
7. I will register for the College Opportunity Fund (COF) at <https://cof.college-assist.org> and I understand the credits earned will be deducted from my COF lifetime account.
8. I understand I may incur a financial obligation to Colorado Mesa University and/or my school district by registering for these classes.
9. I authorize the college to release my transcript to my school district and provide attendance information as required by the department of education.

College Use

Student Signature & Date

Parent/Guardian Signature & Date

I wish to pay my own tuition. Student must still obtain counselor approval to determine how credit will apply to high school requirements.