



Office of Admissions

Concurrent Enrollment Form (Requires District Approval)

We are pleased that you have chosen to take advantage of the concurrent enrollment option. The following program allows you to take Metropolitan State University of Denver classes for college credit while you are still enrolled in high school. What a great way to get a jump start on your higher education! High school students, who are enrolled in the 9th – 12th grade in a school district and demonstrate academic preparedness, are eligible for the concurrent enrollment program. This program is only available during the fall and spring semesters.

You are required to submit information to MSU Denver and register for classes in the same way regularly admitted students do. There are five steps in this process; those marked with an asterisk must be completed each semester you intend to enroll in MSU Denver courses through concurrent enrollment.

- 1) **Admissions Application:** You can obtain an application from your high school counselor or by going to msudenver.edu/admissions and using the Online Application or Printable Application.
- 2) **Complete the Enrollment Form (this packet)*:** This form must be submitted for every semester the student intends to be concurrently enrolled. Email this form to askmetro@msudenver.edu.
- 3) **Apply for and authorize COF (Colorado Opportunity Fund):** All post-secondary students must fill out and submit the College Opportunity Fund application online at www.CollegeinColorado.org
- 4) **Register for classes*:** For advising on what classes to take, please contact Brandy Swanson at bswans10@msudenver.edu.

5) Pay for Tuition and Fees*	TERM	APPLICATION DEADLINE	CLASSES BEGIN	PAYMENT DEADLINE
	Spring 2017	December 4, 2016 at 5 p.m.	January 17, 2017	January 13, 2017
	Fall 2017	June 16, 2017 at 5 p.m.	August 21, 2017	August 18, 2017

SECTION A: To be completed by student (PLEASE PRINT)

Student Legal Name: _____
Last First MI

Date of Birth: _____ Age: _____ SASIS #: _____

Mailing Address: _____
Number and Street or Post Office Box, City, County, State Zip Code

Student Phone: _____ Student Email: _____

Name of Parent/Legal Guardian: _____

Term (Fall/Spring): _____ Year: _____

Grade/Year in High School: _____

High School Name: _____

School District: _____ Planned High School Graduation Date: _____

SECTION B: To be completed by Student and Parent/Guardian

Attention Student: Prior to adding, dropping or withdrawing from a class, you must see your high school counselor. Once approved from your counselor, you must meet with your MSU Denver academic advisor to make changes to your class schedule.

Attention Student and Parent/Guardian: Your signature indicates that you wish the above named student to participate in a concurrent enrollment program and agree to the following:

- 1) The student received advice and counsel regarding such participation from his/her current high school.
- 2) Students under the Concurrent Enrollment Program will be responsible for all books, course materials and college fees. As long as the student receives a "C" or better in his/her course(s), the school district will pay the community college tuition rate for each course and the student/parent will pay the remainder of the tuition.
- 3) The course(s) fits with the student's Individual Career & Academic Plan (ICAP).
- 4) In compliance with the Family Educational Rights and Privacy Act (FERPA) of 1974, the student gives permission to the above noted college to report absences, disciplinary issues, and the release of grades, transcripts, in progress grades, and class schedules, as available, to the above noted high school for the courses enrolled under the Concurrent Enrollment Program at MSU Denver.
- 5) The signatures indicate authorization of the student's College Opportunity Fund (COF) to the University and authorize the high school/school district to release his/her SASID # to the University for the purpose of COF.
- 6) The student will meet the same course expectations and prerequisites as college students as noted in the course catalog and/or syllabus.
- 7) The grade received in this course will appear on the student's official high school and college transcript.
- 8) The student understands that he/she will NOT be eligible for federal financial aid during the program.

In signing this agreement, I authorize the college to release my transcript to my school district at the end of the course and agree to all information under Sections A and B.

Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

SECTION C: To be completed by School District Representative

- The student is currently in the ____ grade.
- This student is expected to graduate high school on _____

Course Number	Title	Credit Hours	CRN #	School District Representative's Initials

Name of District Representative **Contact Number**

District Representative Signature **Title** **Date**

Note: District is taking financial responsibility for community college tuition by signing this form.

Billing Information for the District

Person of Contact **Contact Number** **E-mail**

Billing Address

SECTION D: Metropolitan State University of Denver Administration Approval

Signature **Title** **Date**