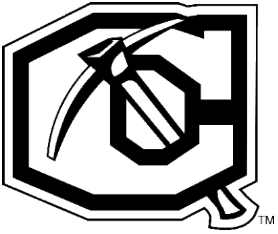


# Concurrent Enrollment Verification Form



For your first semester of concurrent enrollment, you will need to submit an online application for admission, along with official ACT/SAT/PACT/PSAT, an official high school transcript, and this Concurrent Enrollment Verification Form to the Office of Admissions.

For each semester thereafter, you will need to submit this completed form to the Academic Advising Center in order to enroll, but you do NOT need to reapply to Cameron University.

**STUDENT NAME** \_\_\_\_\_ **CU ID#** \_\_\_\_\_  
 (Last) (First) (Middle) (000xxxxxx)

**HIGH SCHOOL** \_\_\_\_\_  
 (High School) (City)

**I WISH TO ENROLL IN THE FOLLOWING TERM AT CU (\*If summer & fall, please indicate both on form.)**

SPRING 20 \_\_\_\_\_ SUMMER 20 \_\_\_\_\_ FALL 20 \_\_\_\_\_

**THIS AREA TO BE COMPLETED BY STUDENT AND PARENT/GUARDIAN**

**STUDENT:** By signing below, I understand that as a concurrent student, I must meet the student obligations outlined on page 2 of this document including payment of tuition and fees as well as continued program participation. I acknowledge that I am responsible for any tuition, fees, or other associated charges on my student account that are not covered by third parties (e.g. select school districts, tribes, etc.). I authorize Cameron University staff to monitor my attendance and grades. I also authorize the release of my college records to my high school principal and counselor while I am enrolled as a concurrent student.

\_\_\_\_\_  
 (Signature of Student) \*REQUIRED (Date)

**PARENT/GUARDIAN:** I grant permission for \_\_\_\_\_ to enroll in Concurrent classes at Cameron University. I understand that my student will be sent a monthly billing notification to their official CU email address. I acknowledge that my student and I are responsible for any tuition, fees, or other associated charges on my student's account that are not covered by third parties (e.g. select school districts, tribes, etc.).

\_\_\_\_\_  
 (Signature of parent/guardian) \*REQUIRED (Date)

**THIS AREA MUST BE COMPLETED AND SIGNED BY A HIGH SCHOOL OFFICIAL.**

**Classification:** \_\_\_\_\_ **Expected graduate date(MM/YYYY):** \_\_\_\_\_

**Schedule/Academic Load for Selected Term**

Credit-Bearing High School/Tech School Course(s)	Planned Cameron University Courses (If known)

\*\*A student's combined enrollment at your high school and Cameron University may not exceed 19 hours for a fall/spring semester or 9 hours for summer without special permission. One-half high school unit is calculated as 3 hours of college work. Please list all classes above.

\_\_\_\_\_  
 (Printed Name of Counselor/Principal) (Signature of Counselor/Principal ) (Date)

# STUDENT OBLIGATIONS FOR CONCURRENT HIGH SCHOOL ENROLLMENT

## Tuition and Fees

Concurrent students are responsible for the payment of tuition, mandatory fees, any required books or other class materials, online technology fees, student ID, and all other associated fees and expenses in connection with concurrent enrollment. Cameron University tuition rates and mandatory fees can be found at: <http://www.cameron.edu/info/schedules/tuition>

## Continued Program Participation

To continue participation in the Concurrent High School Enrollment Program at Cameron University, the student must maintain a minimum college cumulative 2.0 GPA or above on a 4.0 scale. In the event the student's GPA falls below the 2.0 college cumulative GPA requirement, the student will no longer be eligible to participate in the program.

## Eligibility for Tuition Waivers

**Senior Merit Tuition Waiver** - Concurrently enrolled HS seniors are eligible for a maximum of eighteen credit hours of paid tuition per year (summer before the senior year, fall, spring) contingent upon the following criteria

- 1) The student must possess a minimum ACT composite score of 19 OR have a 3.0 high school GPA.
- 2) The student must maintain a minimum college cumulative 2.0 GPA on a 4.0 scale to continue to receive the senior tuition waiver.

**Junior Merit Tuition Waiver** - Concurrently enrolled HS juniors are eligible for a maximum of nine credit hours of paid tuition per year (summer before the junior year, fall, spring) contingent upon the following criteria:

- 1) The student must possess a minimum ACT composite score of 19 OR have a 3.0 high school GPA.
- 2) The student must maintain a minimum college cumulative 2.0 GPA on a 4.0 scale to continue to receive the junior tuition waiver.

*\*Reminder: Fees and other mandatory costs are not included in either of the waivers described above*



**CAMERON UNIVERSITY**  
Student Request to Share Information & FERPA Waiver

F10 (8/2022)

*Your educational records are confidential, protected by the Family Educational Rights and Privacy Act (FERPA). We cannot release this information to anyone other than you without your written authorization. This form is designed to allow you to authorize us to release information to the person(s) or organization(s) designated below.*

\_\_\_\_\_ Student Name *(please print)* \_\_\_\_\_ CU ID# \_\_\_\_\_

I understand that the Family Educational Rights and Privacy Act of 1974 as amended (FERPA) protects the privacy of my student educational records and limits access to the information contained in those records.

\_\_\_\_\_  
*(initial here)*

I authorize Cameron University to release any or all of my educational records to the individual(s)/organization(s) listed below.

**OR**

I authorize Cameron University to release only the following information:

\_\_\_\_\_  
\_\_\_\_\_  
*(i.e. grades, transcript, enrollment/attendance records, accounting and financial aid information, results of disciplinary proceedings)*

Parents, guardians or family members to whom my records may be released *(These individuals will be required to provide proof of identification before information can be released.):*

Name: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_ Last 4 digits of SS#: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Address & Telephone #: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_ Last 4 digits of SS#: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Address & Telephone #: \_\_\_\_\_

Other person(s), agency(ies), institution(s) or organization(s) to whom my records may be released *(Please include name of organization and contact person, address and telephone number):*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that:

1. I have the right not to consent to the release of my education records;
2. This consent shall remain in effect until I submit a written request to cancel this authorization.

\_\_\_\_\_ Date \_\_\_\_\_ Student's Signature \_\_\_\_\_

\_\_\_\_\_ Print Name of Student \_\_\_\_\_

For this form to be validated for campus use, it must be completed and sent to Student Services.

By mail: Student Services  
CAMERON UNIVERSITY  
2800 W. Gore Boulevard  
Lawton, OK 73505

In person: North Shepler, Room 324

By fax: (580) 581-2299

**For office use only:**

Received: \_\_\_\_\_ Scanned: \_\_\_\_\_ Student Confirmation Sent: \_\_\_\_\_