

CONCURRENT ENROLLMENT

at

Oklahoma Panhandle State University



Classes are available for qualified high school juniors and seniors.

OPSU

Concurrent Enrollment

P. O. Box 430

Goodwell, OK 73939

For More Information Contact:

Dara Short

Phone: 580-349-1374

Fax: 580-349-1371

dshort@opsu.edu

OKLAHOMA PANHANDLE STATE UNIVERSITY

Concurrent Enrollment Admissions Requirements

To be admitted as a concurrently enrolled student you must meet one of the requirement options listed below **and** be able to satisfy all 15 *curricular and graduation requirements* no later than the last semester of your senior year. The Oklahoma State Regents for Higher Education established minimum High School Performance Standards.

Requirements:

All students **must** have taken the ACT or SAT to participate in the program **and** an ACT test score of 19 **must** be achieved in the area where study will be pursued.

For example: A mathematics subscore of 19 must be achieved before enrolling in College Algebra.

Seniors: Must have completed their junior year.

Option 1: Minimum Composite ACT score of 20

or

Option 2: GPA of 3.0 on a 4.0 scale AND top 50% of the class ranking
And an ACT test score of 19 **must** be achieved in the area where study will be pursued.

Juniors: Must have completed their sophomore year.

Option 1: Minimum Composite ACT score of 23

or

Option 2: GPA of 3.5 on a 4.0 scale
And an ACT test score of 19 **must** be achieved in the area where study will be pursued.

Home School or Unaccredited High School:

A student receiving high school level instruction at home or from an unaccredited high school must:

1. Be 17 years of age or older and have a composite ACT test score of 20

or

2. Be 16 years of age and have a composite ACT test score of 23

Workload:

A high school student may enroll in a combined number of high school and college courses per semester not to exceed a full-time workload of 19 semester credit hours. For purposes of calculating workload, one-half high school unit shall be equivalent to three semester credit hours of college work.

The following formula will help you calculate the workload.

Number of high school credit courses	_____
(multiply by three)	<u> x 3 .</u>
Equals total high school workload	<u> .</u>
(plus) number of college credit hours	<u> + .</u>
Equals total workload (hours)	<u> .</u> **

**Total workload hours can not be greater than 19.

EXAMPLES:

You are enrolled in 5 high school classes this semester, and taking 1 college class.

$$5 \times 3 = 15 + 3 = 18$$

You are enrolled in 4 high school classes this semester, and taking 2 college classes.

$$4 \times 3 = 12 + 6 = 18$$

Continuing Enrollment:

High school students concurrently enrolled in college courses may continue concurrent enrollment in subsequent semesters if they achieve a college cumulative GPA of 2.0 or above on a 4.0 scale.

If you are currently enrolled as a concurrent student and wish to enroll in the next semester concurrently, you will need to complete a new Concurrent Enrollment Form with all the required signatures.

OKLAHOMA PANHANDLE STATE UNIVERSITY
High School Concurrent Enrollment Form

(This form **must** be fully completed before the student will be enrolled)

Required Documents:

1. Complete Concurrent Enrollment Form (Must be filled out EACH semester)
2. Application for Admissions to OPSU
3. Immunization Form
4. Official High School Transcript
5. ACT or SAT scores
6. Confirmation Form
7. \$50.00 Confirmation Money (*This is to confirm your class(es). This is not the total amount owed.*)

Name _____ SSN _____

High School Name _____ Junior / Senior (circle one)

Semester to Enroll: Fall 20____ Spring 20____ Summer 20____

OPSU Course Desired By Student: (please indicate whether it is On Campus or Off Campus (ITV or Online))

Course Title	Dept.	Course #	Section#	Credit Hours
--------------	-------	----------	----------	--------------

STUDENT:

I hereby give my permission for OPSU to release my transcript to my High School counselor or advisor at the completion of the current semester.

Student Signature

HIGH SCHOOL OFFICIALS:

I hereby certify that the above named student meets the published admission requirements, is eligible to satisfy graduation requirements (including curricular requirements for college admission) and that his or her combined high school and college enrollment does not exceed the equivalent of 19 college semester hours. As a result, I recommend that he or she be permitted to enroll in the above named course for the following semester.

Fall 20____	Spring 20____	Summer 20____	Number of high school credit courses (multiply by three)	_____
			Equals total high school workload	x 3 _____
			(plus) number of college credit hours	+ _____
			Equals total workload (hours)	= _____ **

**Total workload hours can not be greater than 19.

High School **Counselor** Signature

High School **Principal or Superintendent** Signature

PARENT/GUARDIAN:

As a parent/guardian of the above named student, I hereby give my permission for him/her to participate in the Concurrent Enrollment of High School Students Program. I understand I will assume the financial obligations for this enrollment.

Parent or Guardian Signature

Transfer Information

List all colleges attended. You must submit official transcripts of all college work attempted.

College or University
(List in order of attendance)

Dates of Attendance

Degree & Date
(if applicable)

Name _____ From _____ Degree _____

Location _____ Through _____ Date _____

Name _____ From _____ Degree _____

Location _____ Through _____ Date _____

Name _____ From _____ Degree _____

Location _____ Through _____ Date _____

Name _____ From _____ Degree _____

Location _____ Through _____ Date _____

Race/Ethnic Background (Optional)

Please check one: Hispanic/Latino Not Hispanic Latino Decline to Identify

Please check all that apply to you:

American Indian/Alaska Native

Asian

Black or African American

Multi Racial

White

Non Resident Alien

Native Hawaiian or Other Pacific Islander

Unknown

Mark all NCAA/NIRA sport (s) in which you plan to participate:

Football

Volleyball

Rodeo

Softball

Golf

Baseball

Cheerleading

Basketball

Cross Country

Have you ever been placed on academic probation or suspension at another college? Yes No

If yes, please list names of colleges and dates: _____

Have you ever been placed on disciplinary probation or suspension at another college? Yes No

If yes, please list names of colleges and dates: _____

Have you ever been convicted of a criminal felony? Yes No

If yes, please describe: _____

Special Services

If you would like information about services for students with disabilities, please indicate by checking this box.

TO BE COMPLETED BY ALL APPLICANTS

I certify that the information given above is complete and correct to the best of my knowledge. I understand that **an official transcript must be on file** with the Office of Admissions and Records **before classes begin**. I understand that failure to list all colleges where I previously enrolled or falsification of this application or my academic records will result in my suspension for academic misconduct and lead to my withdrawal from Oklahoma Panhandle State University with complete forfeiture of fees. Failure to submit all required credentials will result in my being denied readmission, and my OPSU transcript will be withheld until those credentials are provided.

Signature _____ Date _____

COMPLETING THE APPLICATION PROCESS

Be sure to include the following to receive consideration for admission to OPSU:

First-Time Freshmen

- High School Transcript
- ACT or SAT scores including subscores

Transfer Students

College Transcripts from all colleges attended. If you are transferring with fewer than 24 credit hours, a high school transcript and ACT or SAT scores are required.

AFFIRMATIVE ACTION COMPLIANCE STATEMENT: This institution, in compliance with Title VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 503 and 504 for the Title Rehabilitation Act of 1973, Section 402 of the Readjustment Assistance Act or 1974, Americans with Disabilities Act of 1990 and other federal laws and regulations, does not discriminate on the basis of race, color, national origin, sex, age, religion, marital status, disabilities, or status as a veteran in any of its policies, practices, or procedures. This includes, but is not limited to admission, employment, financial aid, and educational services.

In Compliance with Oklahoma Statutes, Title 70 §3243

Certification of Compliance

Hepatitis B, Measles, Mumps and Rubella (MMR)

Oklahoma Statutes, Title 70 §3244, requires that all students who enroll as a full-time or part-time student in an Oklahoma public or private postsecondary institution provide documentation of vaccinations against hepatitis B, measles, mumps and rubella (MMR).

The statute requires that Institutions notify students of the vaccination requirements and provide students with educational information concerning hepatitis B, measles, mumps and rubella (MMR), including the risks and benefits of the vaccination.

The statute permits that when the vaccine is medically contraindicated and a licensed physician has signed a written statement to that effect, such student shall be exempt from the vaccination. Further, the statute permits a student or if the student is a minor, the student's parent or other legal representative, to sign a written waiver stating that the administration of the vaccine conflicts with the student's moral or religious tenets.

Student's Name: _____

Institution: Oklahoma Panhandle State University

Birth date: _____ Term/Year of first enrollment: _____

Social Security Number or Student ID: _____

- 1) I have been notified by my institution of the requirement that I must provide documentation of having received vaccinations against hepatitis B, measles, mumps *and* rubella (MMR), and
- 2) I have received and reviewed the educational information provided by my institution concerning hepatitis B, measles, mumps and rubella (MMR), including the risks and benefits of the vaccination, and
- 3) Further, I certify that: (Place a check in the applicable space, below.)

____ I have been vaccinated and have provided documentation in support as required by Oklahoma Statute, Title 70 §3244, or

____ I am exempt from the requirement and have attached a written statement from a licensed physician, which indicates that a vaccine is medically contraindicated, or

____ The administration of the vaccine conflicts with my moral or religious tenets.

Signature: _____ Date: _____

When student is under 18 years of age, the following must be completed:

As the parent or other legal representative, I certify that the student named above is a minor and the above information is correct.

Signature: _____ Date: _____

This form must be turned in to Admissions prior to enrollment.