This Concurrent Enrollment Program Recommendation Form, an application for admission, National ACT/SAT scores and an official high school transcript must be submitted to the Office of Undergraduate Admissions before your admission to the Concurrent Enrollment Program can be processed.

STUDENT NAME ___________________________________________________________________________ (Last) (First) (Middle)  

HIGH SCHOOL ___________________________________________________________________________ DATE OF BIRTH ________________  

SEMESTER THAT YOU WISH TO ENROLL IN AT THE UNIVERSITY OF CENTRAL OKLAHOMA  
(Indicate One) □ Fall __________ □ Spring __________ □ Summer __________  

PRINCIPAL/ COUNSELOR/ 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.  
_________________________________________________________________________________________  
_________________________________________________________________________________________  
_________________________________________________________________________________________  
I recommend that this student be permitted to enroll in a maximum of □ semester hours at the University of Central Oklahoma for the term indicated above. This student’s enrollment at UCO and high school will not exceed 19 semester hours for the fall or spring semester or 9 semester hours for summer.  
Principal Signature ________________________________________________________________________ (Date)  
Counselor Signature ______________________________________________________________________ (Date)  
Parent Signature ________________________________________________________________________ (Date)  
Student Signature ________________________________________________________________________ (Date)  

Please return this completed form to the Office of Undergraduate Admissions, Nigh University Center 124, 100 North University Drive, Edmond, Oklahoma 73034 or fax 405-974-3841