ENROLLMENT TERM:

☐ FALL
☐ SPRING 20____
☐ SUMMER

Name: ____________________________  SSN#: ___________

Expected Graduation Date: ______________

The following documents are required for concurrent enrollment:

1. Application for Admission
2. Application for Concurrent Enrollment*
3. Official High School transcript*
4. Official ACT or SAT scores
5. Photo Identification*

*Required for each semester attending OSU-OKC as a concurrently enrolled student

ADMISSION REQUIREMENTS
Concurrently enrolled students who are admitted must satisfy requirements for high school graduation no later than spring of the senior year, meet course placement requirements (see course placement below) and meet the following criteria:

Accredited High School:  Home Study or Unaccredited High School:

Seniors: minimum 19 ACT composite  Seniors: minimum 19 ACT composite
or 3.0 high school GPA (4.0 scale)  and 17 years of age or older

Juniors: minimum 21 ACT composite  Juniors: minimum 21 ACT composite
or 3.5 high school GPA (4.0 scale)  and 16 years of age or older

Admission to OSU-OKC does not guarantee eligibility for course placement.

COURSE PLACEMENT
To help insure that the student possesses the skills necessary to be successful in college, he/she must have a minimum 19 ACT subject score in Reading to enroll in any collegiate course. Additionally, he/she must have a minimum 19 ACT subject score in English, Mathematics, and/or Science Reasoning to enroll in courses with those requirements.

Placement requirements for general education courses

MIN 19 ACT IN READING:  MIN 19 ACT IN READING & WRITING:  MIN 19 ACT IN READING & MATH:

Basic computer classes  English Composition  College Algebra
Personal Finance  Psychology  Principles of Biology

MIN 19 ACT IN READING & MATH:

American Government  Sociology  General Physical Science
History  Intro to Speech

Additional course requirements may be found at www.osuokc.edu/courses.

Concurrently admitted high school students will not be allowed to enroll in any remedial/developmental courses designed to remove high school curricular or basic academic deficiencies.

COURSE LOAD AND CONTINUED ENROLLMENT
A high school student may enroll in a combined number of high school and college courses per semester not to exceed a full-time college 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.

To continue concurrent enrollment in following semesters, high school students concurrently enrolled in college courses must maintain a college cumulative GPA of 2.0 or above on a 4.0 scale.
**PARENT/GUARDIAN**
As a parent/guardian of this student, I hereby give permission for him/her to be enrolled concurrently in both high school and OSU-OKC courses for the semester listed. I understand I am responsible for applicable tuition, fees, and books.

Parent/Guardian Signature ___________________________ Date ___________________________

**HIGH SCHOOL OFFICIALS**
We certify that this student is a:

- **Senior** enrolling for classes, who meets the following minimum requirements:
  - ACT composite of 19 or 3.0 high school GPA (on a 4.0 scale)
  - **RECOMMENDED # CREDIT HOURS**
  - AND ACT reading score of 19

- **Junior** enrolling for classes, who meets the following minimum requirements:
  - ACT composite of 21 or 3.5 high school GPA (on a 4.0 scale)
  - **RECOMMENDED # CREDIT HOURS**
  - AND ACT reading score of 19

We have examined the academic records of this student and certify that he/she is eligible to satisfy high school graduation requirements (including curricular requirements for college admission) no later than spring of the senior year.

Principal name ___________________________ Signature ___________________________ Date ___________________________

Counselor name ___________________________ Signature ___________________________ Date ___________________________

**OR**

**HOME STUDY OR UNACCREDITED HIGH SCHOOL OFFICIAL**
I certify that this student is a:

- **Senior** enrolling for classes, who meets the following minimum requirements:
  - ACT composite of 19 **AND** 17 years of age or older
  - **RECOMMENDED # CREDIT HOURS**
  - AND ACT reading score of 19

- **Junior** enrolling for classes, who meets the following minimum requirements:
  - ACT composite of 21 **AND** 16 years of age or older
  - **RECOMMENDED # CREDIT HOURS**
  - AND ACT reading score of 19

I have examined the academic records of this student and certify that he/she is eligible to satisfy high school graduation requirements (including curricular requirements for college admission) no later than spring of the senior year.

Principal/Counselor Name ___________________________ Signature ___________________________ Date ___________________________

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In compliance with Oklahoma State Regents for Higher Education policy, OSU-OKC will waive tuition for up to six credit hours per term for an Oklahoma resident high school senior. Seniors are defined as students who have completed their junior year but have not yet graduated. To receive this waiver, student must complete a Tuition Waiver Request at the Office of Financial Aid & Scholarships. Additionally, OSU-OKC may waive tuition for up to three credit hours per term for high school juniors. All high school students are responsible for additional fees, plus parking permit, recreation fee and any additional charges, including textbooks.
**APPLICATION FOR ADMISSION**

Office of Admissions
900 N. Portland Ave., Oklahoma City, OK 73107
(405) 945-3224 • (405)945-9120 (Fax)
admissions@osuokc.edu • www.osuokc.edu

<table>
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<tr>
<th>TERM IN WHICH YOU PLAN TO ENROLL</th>
<th>OFFICE USE ONLY</th>
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<tbody>
<tr>
<td>20______</td>
<td>Fall ☐ Spring ☐ Summer ☐</td>
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<tr>
<th>LEGAL NAME - LAST FIRST MIDDLE</th>
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<tr>
<th>SOCIAL SECURITY NUMBER</th>
<th>PREVIOUS NAME(S)</th>
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<tr>
<th>DATE OF BIRTH</th>
<th>PLACE OF BIRTH - CITY, STATE, COUNTRY</th>
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<tr>
<th>MAILING ADDRESS - STREET</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
<th>COUNTY</th>
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<tr>
<th>HOME PHONE NUMBER</th>
<th>CELL PHONE NUMBER</th>
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Are you interested in receiving text messages from the university? (Standard text messaging rates will apply)

☐ Yes ☐ No

**EMAIL ADDRESS** required

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<th>EMERGENCY CONTACT/NEXT OF KIN</th>
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Name ____________________________ Phone ____________ Relationship________________

**OPTIONAL INFORMATION**

Gender: ☐ Male ☐ Female
Select one or more of the following categories to describe yourself:

☐ White ☐ Asian ☐ Black or African American ☐ Hispanic/Latino ☐ Native Hawaiian or Pacific Islander

☐ American Indian or Alaskan Native: Tribe __________________________ Tribal-Line: ☐ Maternal ☐ Paternal ☐ Both

**RESIDENCY STATUS**

Are you a resident of Oklahoma? ☐ Yes ☐ No

*If yes, how long have you lived in Oklahoma? ____Years _____Months*

Are you active duty military or dependent assigned to Oklahoma? ☐ Yes ☐ No

**CITIZENSHIP STATUS**

Are you a citizen of the United States? ☐ Yes ☐ No

*If no, do you have permanent resident status? ☐ Yes ☐ No*

Are you in the United States on a non-immigrant Visa? ☐ Yes ☐ No

*If yes, what type? ___________ If yes, are you concurrently enrolled at another U.S. college wanting to take courses at OSU-OKC? ☐ Yes ☐ No*

Is English your native language? ☐ Yes ☐ No

*If no, have you taken the ☐ TOEFL ☐ IELTS (TOEFL - Test of English as a Foreign Language • IELTS - International English Language Testing System)*

**OFFICE USE ONLY**

REQ ___________ DEGREE ___________ OPTN ___________ COND ___________ CMPS R W M

CWID __________________ ADM __________________ DATE ___________
EDUCATIONAL OBJECTIVE

Program of study: ____________________________________________

Please refer to major sheet for a list of degrees or visit www.osuokc.edu/degrees.

Please choose the option that best describes your current goals:

DEGREE OR CERTIFICATE SEEKING:
☑️ I plan to earn a degree at OSU-OKC.
☑️ I plan to complete my basic coursework here and earn a degree at a four-year college.
☑️ I plan to earn a certificate at OSU-OKC.

NON-DEGREE SEEKING (NOT APPLYING FOR FINANCIAL AID)
☑️ I am a student at another college and taking one or more courses to transfer back to that college.
☑️ I am taking one or more courses for recreational or personal enrichment purposes.
☑️ I am taking one or more specific courses to build my job skills.

I hereby affirm that all information supplied on this form is complete and accurate. It is my understanding that failure to list previously attended colleges or universities or the submission of false information and/or academic records is grounds for denial of admission or immediate suspension. I agree to submit all required documentation, including those specifically listed and realize that failure to do so will result in a hold being placed on my academic records and denial of admission to OSU-OKC. I understand that this institution may release student directory information to other institutions, agencies or individuals unless I specifically, in writing, request otherwise.

Furthermore, upon becoming a student at OSU-OKC, it is my responsibility to read the Student's Rights and Responsibilities and to abide by all rules, regulations and policies regarding conduct and other obligations of the college which have been made by properly constituted authorities.

Student Signature  Date

Oklahoma State University- Oklahoma City supports the Americans with Disabilities Act (ADA) and welcomes requests for reasonable accommodation. For ADA accommodations, please contact the Office of Services to Students with Disabilities at (405) 945-3385. Oklahoma State University- Oklahoma City in compliance with Title VI and VII of the Civil Rights Act of 1964, Executive Order 11246 as amended, Title IX of the Education Amendments of 1972, 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, disability or status as a veteran in any of its policies, practices or procedures. This includes but is not limited to admissions, employment, financial aid and educational services.
Concurrent High School Tuition Waiver Request

☐ Senior: OSU-OKC will waive a maximum of six credit hours per term for any Oklahoma resident high school senior enrolled for a fall, spring or summer semester. 

Seniors are defined as students who have completed their junior year but have not yet graduated.

Please Print Legibly

Student’s Name: ________________________________

Social Security Number: ________________________________

High School: ________________________________

Graduation Month/Year: ________________________________

Semester of Enrollment: (semester/year) ________________________________

_________________________________  ____________________________
Student Signature                        Date

*The student is responsible for additional per credit hour fees, plus parking permit, recreation fee and any additional charges, including books.

PLEASE SUBMIT THIS COMPLETED FORM TO:
THE OFFICE OF FINANCIAL AID AND SCHOLARSHIPS
Student Name: ___________________________________  Student SSN or CWID#: ______________________

In compliance with Oklahoma Law and in accordance with OSU-OKC policy, the following information is required of ALL new students:

If applicable, please check the following:

☐ I have received the vaccinations for measles, mumps, rubella and hepatitis B.

OR ONE OF THE FOLLOWING EXEMPTIONS APPLIES TO ME:

TYPES OF EXEMPTION

1. MEDICAL CONTRAINDICATIONS:

2. I hereby certify that the immunization(s) specified below are medically contraindicated for the above named student.
   Immunization(s):
   Specify Contraindications:
   ______________________________________________________
   ______________________________________________________
   Signature of Contraindications: __________________________ Date: ____________________

2. RELIGIOUS OBJECTION:

   I hereby certify that immunization is contrary to the teachings of the above named student’s religion.
   ______________________________________________________
   ______________________________________________________
   Signature of student or parent if student is a minor Date

3. PERSONAL OBJECTION:

   I hereby certify that the immunization is contrary to my beliefs. I request an exemption to the immunization requirements for Oklahoma colleges and universities. I have written a brief summary of my objections in the space provided below. I understand that lost records are not grounds for an exemption. I also understand that in the event of a disease outbreak at the university, I may have to be excluded for my protection of other students at the university.

   Briefly summarize your objections in this space: ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   Signature of student or parent if student is a minor Date

4. PLEASE CHECK WHICH IMMUNIZATION THIS EXEMPTION APPLIES TO:

   ☐ All  ☐ MMR (Measles, Mumps and Rubella)  ☐ Polio  ☐ Hepatitis B  ☐ Dtap/DT (Diphtheria, Tetanus and Pertussis)

   ______________________________________________________
   ______________________________________________________
   Signature of student or parent if student is a minor Date

5. I BELONG TO ONE OF THE FOLLOWING GROUP OF STUDENTS WHO ARE EXEMPT FROM THIS REQUIREMENT: (Place a check in the applicable box below.)

   ☐ I was born prior to January 1, 1956, or
   ☐ I am currently active duty in a branch of the United States military, or
   ☐ I have been admitted to and/or attended another accredited college or university located in the State of Oklahoma
      Name of Institution: ____________________________, or
   ☐ I graduated from a high school that required these vaccinations.
      State high school located:__________________________ Year of graduation:___________ or,
   ☐ I am enrolling only in off-campus or distance education courses.

The information provided in this document is true and accurate to the best of my belief. I understand that falsification of this document is a violation of the Student Code of Conduct and such conduct could result in suspension, expulsion, or other disciplinary action taken by the college. I also acknowledge if my status at this institution changes so that the above claimed exemption no longer exists, I understand it is my responsibility to notify the institution of these changes and to provide my vaccination information before I enroll in additional courses.

___________________________________________  ______________________
Signature of Student Date
High School Concurrent Schedule

Name: ___________________________ SSN#: ________________

Last Name: __________ First Name: __________ Middle Initial: __________

Name of High School: ______________________________

Expected High School Graduation Date: ________________

High School schedule for term listed above:

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<tr>
<th>Course Name</th>
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We have examined the above schedule, as well as the academic records of this student and certify that he/she is eligible to satisfy high school graduation requirements (including curricular requirements for college admission) no later than spring of the senior year.

____________________________________________________
Student Signature

__________________________
Date

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