

# High School Concurrent Enrollment



Office of Admissions  
900 N. Portland Ave • Oklahoma City, OK 73107  
405.945.3224 • 405.945.9120 (Fax)  
admissions@osuokc.edu • www.osuokc.edu

Name: \_\_\_\_\_

SSN#: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

The following are required for concurrent enrollment:

1. Application for Admission
2. Official High School transcript
3. Official ACT or SAT scores
4. High School Schedule Form

Enrollment Term	
<input type="checkbox"/>	Fall
<input type="checkbox"/>	Spring 20_____
<input type="checkbox"/>	Summer

## 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:

**Seniors:** minimum 19 ACT composite  
or 3.0 high school GPA (4.0 scale)

**Juniors:** minimum 21 ACT composite  
or 3.5 high school GPA (4.0 scale)

**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.

Course descriptions and placement guidelines can be found at [www.osuokc.edu/courses](http://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.

## 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)  
**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)  
**AND** ACT reading score of 19

RECOMMENDED # CREDIT HOURS

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. Visit <http://bit.ly/S00aXR> for instructions on creating an electronic signature.

Principal name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

Counselor name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

## 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. Visit <http://bit.ly/S00aXR> for instructions on creating an electronic signature.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

# Immunization Certificate of Compliance



Office of Admissions / Registrar & Records  
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**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.

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**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 Physician: \_\_\_\_\_ Date: \_\_\_\_\_

**2. RELIGIOUS OBJECTION:**

I hereby certify that immunization is contrary to the teachings of the above names 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. Visit <http://bit.ly/S00aXR> for instructions on creating an electronic signature.

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/TD (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. Please visit <http://bit.ly/S00aXR> for instructions on creating an electronic signature.

Signature of Student \_\_\_\_\_

Date \_\_\_\_\_

# High School Concurrent Schedule



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Name: \_\_\_\_\_  
LAST NAME FIRST NAME MI

SSN#: \_\_\_\_\_

Name of High School: \_\_\_\_\_

Expected High School Graduation Date: \_\_\_\_\_

<b>ENROLLMENT TERM:</b>	
<i>(please select one term per form please)</i>	
<input type="checkbox"/> FALL	
<input type="checkbox"/> SPRING	20____
<input type="checkbox"/> SUMMER	

**High School schedule for term listed above:**

Course Name	HS Credits

**Proposed Concurrent schedule for term listed above:**

College Course Name and Number	Credits

I have examined the above schedule, as well as the proposed concurrent course load, and state that, to the best of my knowledge, I am eligible to satisfy high school graduation requirements (including curricular requirements for college admission) no later than spring of my senior year. Furthermore, I request to be enrolled in the concurrent courses noted above. Please visit <http://bit.ly/S00aXR> for instructions on creating an electronic signature.

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date

**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.



Student Services

**Office of Financial Aid and Scholarships**  
900 N. Portland Avenue  
Oklahoma City, OK 73107  
P: 405.945.8646  
F: 405.945.3319  
[www.osuokc.edu/financialaid](http://www.osuokc.edu/financialaid)

## Concurrent High School Tuition Waiver Request

**Seniors:** 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.

**Student's Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**High School:** \_\_\_\_\_

**Graduation Month/Year:** \_\_\_\_\_

**Semester of Enrollment:** (semester/year) \_\_\_\_\_

I certify that I am a high school senior, as defined above. I acknowledge that I am financially responsible for any costs associated with attendance at OSU-OKC not covered by the waiver; including additional per credit hour fees, parking fees, recreation fees, textbooks, and any other additional charges. Please visit <http://bit.ly/S00aXR> for instructions on creating an electronic signature.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**