

OFFICE OF ADMISSIONS

AND FINANCIAL AID

**High School Concurrent Enrollment**

**Consent Form**

The University of Arkansas at Little Rock’s concurrent enrollment program provides enrichment opportunities for high school students who have excelled academically.

As the parent (or legal guardian) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(Please print clearly and use full legal name of child)

I hereby consent to his/her enrollment in the University of Arkansas at Little Rock’s Concurrent Enrollment Program. In addition to such consent, I hereby acknowledge and accept the following:

1. My child will be subject to all rules, regulations, and policies of UALR, including academic probation and suspension rules of academic and financial standing.
2. My child can earn college academic credit as a result of his/her enrollment and successful completion of this program.
3. The academic record earned from this coursework will be a permanent part of my child’s collegiate record, maintained in UALR student records.
4. My child’s UALR record is protected under the Family Educational Rights and Privacy Act and as a parent, I will not have access without my child’s written consent (see below).
5. The tuition cost for Concurrent Enrollment is $50.00 per course.

**Parent (or legal guardian) Information:**

Name (please print clearly): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_Phone: ( \_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

**As the student enrolled in the UALR Concurrent Enrollment Program, I hereby:**

1. Grant UALR permission to release information to the parent/guardian whose name and signature appear above, thereby waiving my rights to privacy under the Family Educational Rights and Privacy Act (FERPA).
2. Understand that in order to drop a Concurrent Enrollment course, the Drop Course form must be signed by the guardian, student, and high school coordinator and retuned by specified UALR Drop/Withdraw dates.

Student’s UALR ID number: T \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LTRP 8/13/07