

East Arkansas Community College

1700 Newcastle Road
Forrest City, Arkansas 72335
(870) 633-4480/(870) 633-7222 Fax

CONCURRENT ENROLLMENT

Student's Name: _____
(Last) (First) (Middle)

Student ID Number: _____ Date of Birth: _____
(MM/DD/YY)

Address: _____

City/State/Zip Code: _____

Telephone: _____

High School: _____

Current Grade Level: _____ 9 _____ 10 _____ 11 _____ 12

I authorize the above student to register for the following course(s) at EACC:

Semester: _____ Year: _____

Course ID/Title	Cr. Hr.	Class Meets							Class Time	Class Location	Instructor
		S	M	T	W	R	F	S			

Parent's/Guardian's Signature* _____ Date _____

Student's Signature* _____ Date _____

I recommend this student take the above course(s). The above student has a high school GPA of 3.0 or better (on a 4.0 grading system) overall or in the subject field and has a proof of immunization record on file at high school.

Principal's Signature _____ Date _____

*Signature indicates approval to transfer the student's grade report from EACC Registrar's Office to the high school.

**This form must be signed and returned to EACC Registrar's Office on or before September 1 (Fall Semester),
January 25 (Spring Semester), June 5 (First Summer Session), and July 10 (Second Summer Session)**