



Ozarka College

CONCURRENT ENROLLMENT FORM

I certify that: _____
Name of Student Student ID # (Nine Digit #)

of _____
Name of High School

TEST SCORES

ACT	COMPASS	ASSET
_____ English	_____ Writing Skills	_____ Writing Skills
_____ Math	_____ Reading Skills	_____ Reading Skills
_____ Reading	_____ Algebra Skills	_____ Numerical Skills
_____ Science Reasoning		_____ Intermediate Algebra
_____ Composite		

Recommendation:

The above student should be allowed to enroll in _____ (specify maximum number of credit hours) at Ozarka College for the following term:

Fall _____ Spring _____ Summer I _____ Summer II _____

Comments:

I have discussed concurrent credit with this student:

Counselor or Principal

Date