



## Concurrent Enrollment Agreement

Scores _____	COF _____
SASID _____	SWAPSFT _____
SPA _____	PRE REQ _____
Attribute _____	
<i>For office use only</i>	

Student: You have indicated that you are interested in taking a course at **Red Rocks Community College**. Persons under 21 years of age who are enrolled in the 9<sup>th</sup> – 12<sup>th</sup> grade in a school district and who demonstrate academic preparedness are eligible for Concurrent Enrollment Programs. Concurrent Enrollment students earn both high school and college credit for the same course, and the students' share of college tuition is paid by the school district. Students in the 12<sup>th</sup> grade may enroll in college basic skills courses, if approved by their school district. High school students who are retained for instructional purposes beyond the 12<sup>th</sup> grade may not enroll in more than nine college credits concurrently during the following year. To enroll in a course at an eligible postsecondary institution, a student must have completed the minimum course prerequisites and all required assessments.

### SECTION A: To be completed by the Student (PLEASE PRINT)

Name: \_\_\_\_\_ Semester Spring 2022 SASID: \_\_\_\_\_

Student ID # S Email Address: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent Phone \_\_\_\_\_ Cell \_\_\_\_\_ Date of Birth \_\_\_\_\_

Graduation Year: \_\_\_\_\_ Test(s) you have taken (circle): ACT College Placement Test SAT

High School: \_\_\_\_\_ Name of Parent/Guardian \_\_\_\_\_

### SECTION B: To be signed by the student and the student's Parent or Guardian

Attention student and parent or guardian: Your signature below indicates that you wish the above-named student to participate in the Concurrent Enrollment Program and that you agree to the following:

1. The student received advice and counsel about participating in the Concurrent Enrollment Program from his or her high school.
2. The student signature indicates that they have applied for the College Opportunity Fund (COF) at <https://cof.college-assist.org/> and authorizes payment of the COF Stipend to RRCC for approved Concurrent Enrollment course(s).
3. The student authorized use of his or her COF stipend for all eligible credits for the semester stated above and all future semesters. College-level credits used will be deducted from the Student's life time account.
4. The student must meet the same prerequisites and course expectations as all other college students in a course, as noted in the **RRCC** catalog and the course syllabus.
5. The grade received in each course will appear on the Student's official high school and college transcripts.
6. College course credits may transfer in accordance with Colorado GT Pathways or articulation agreements if the Student earns a "C" or better in the course.
7. If the student seeks to add, drop or withdraw from a college course. He or she must meet with the high school counselor and notify the college Concurrent Enrollment staff.
8. If the student withdraws from a course after **2/2/22** drop deadline, **RRCC** will record a "W" or "F" on his or her college transcript.
9. If the student receives a grade of "F" or an "incomplete" or withdraws from a course after **2/2/22** drop deadline, the student and the student's parent or guardian may be required to pay the school district for the tuition paid **RRCC** for the course.
10. The student may not enroll in a course under the Concurrent Enrollment Program unless it fits with his or her Individual Career & Academic Plan (ICAP).
11. Only courses that apply toward a college degree or certificate or that qualify as basic skills courses (for 12th graders only), are covered under the Concurrent Enrollment program.
12. The student may not enroll in a course under the Concurrent Enrollment Program unless it is approved by the school district.
13. In compliance with the Family Educational Rights and Privacy Act (FERPA) of 1974, the student gives **RRCC** permission to report absences and disciplinary issues, and to release grades, class schedules, and billing information, as available, to the School District for the courses covered under the Concurrent Enrollment Program.
14. Courses approved for Concurrent Enrollment credit will not be reserved to self-paying courses once the semester has begun. Grades will be transcribed on high school transcripts regardless of final grade.
15. Parent and student have reviewed and agree to the CCCS Student Financial Responsibility Agreement, found at <http://www.cccs.edu/students/Student-Account-Payment-Agreement.pdf>.

I understand and will abide by all of the statements in this Section B.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

Term:

Name:

S Number:

### CHECKLIST

New Students must have the following to enroll as a student in a college class:

- \_\_\_\_\_ Application
- \_\_\_\_\_ COF Verification
- \_\_\_\_\_ Qualifying ACT/SAT or college placement Scores
- \_\_\_\_\_ This Agreement and Registration Form completed with ALL Signatures

Returning Student must complete this form and have met all course pre-requisites to re-enroll as a Concurrent Enrollment Student.

SECTION C: Part 1 – Student Eligibility: To be completed by High School Counselor/Principal. Check all that apply.

- \_\_\_\_\_ This student is under 21 years of age.
- \_\_\_\_\_ This student is currently in the \_\_\_\_\_th grade.
- \_\_\_\_\_ This student is continuing 12<sup>th</sup> grade.
- \_\_\_\_\_ This student is eligible to enroll in basic skills courses (ENG 092/094, MAT 050/055) (12<sup>th</sup> graders only).
- \_\_\_\_\_ The student's college placement scores are attached.
- \_\_\_\_\_ The student's ACT/SAT scores are attached.
- \_\_\_\_\_ The student's transcript is attached.

High School Counselor/Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SECTION C: Part 2 – Course Selection: To be completed by Student and High School Counselor.

Attention high school counselor: Your signature above acts as approval for registration.

Subject	Course Number	Title	Credit Hours	Teacher Initials

Verify SASID#: \_\_\_\_\_

Section D: Part 1 – School District Approval

If signed by the Principal and the Superintendent or their designees, the School District agrees to pay the tuition for each course initialed above:

Approved by Principal (or Designee)

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by Superintendent (or Designee)

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

SECTION D: Part 2 – College Approval

Approved by \_\_\_\_\_ Administrator

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_