

**Gunnison Watershed School District  
Concurrent Enrollment Application**

1. Concurrent Enrollment credit will only be offered to students for courses that are not offered in the school district's high schools.
2. To qualify for Concurrent Enrollment, a student must be a senior, junior or on an Advanced Learning Plan (ALP) in good standing.
3. Junior and senior students will only qualify for Concurrent Enrollment if the course is identified in their Individual Career and Academic Plan (ICAP).
4. ALP students will only qualify for Concurrent Enrollment if the course is identified in their ALP.
5. Under normal circumstances, students will be allowed to take no more than one Concurrent Enrollment course per semester.
6. Students must meet eligibility requirements including but not limited to, meeting Higher Education entrance requirements, having a 2.5 GPA or higher in the high school and meeting minimum qualifying ACT, SAT or Accuplacer scores for specific courses.

Student Name \_\_\_\_\_

Current Grade\_\_\_\_\_

School Name \_\_\_\_\_

**Personal Contact Information:**

Home Mailing Address \_\_\_\_\_

Personal Phone Number \_\_\_\_\_

Parent Phone Number \_\_\_\_\_

Personal Email \_\_\_\_\_

Parent Email \_\_\_\_\_

I believe that I have applied for and qualify for Free and Reduced Meals. Yes No (circle one)

**Academic information:**

Current Grade Level \_\_\_\_\_ Estimated Graduation year \_\_\_\_\_

Are you currently on an ALP? Yes No (circle one) If yes what is the area \_\_\_\_\_

Do you have a current ICAP? Yes No (circle one) If yes, provide verification from the counselor that the course is included in the ICAP.

Current Cumulative GPA: \_\_\_\_\_

TCAP /PARCC Scores

ACT Test Scores Math \_\_\_\_\_

9<sup>th</sup> Reading \_\_\_\_ Writing \_\_\_\_

English \_\_\_\_\_

9<sup>th</sup> Math \_\_\_\_

Reading \_\_\_\_\_

10<sup>th</sup> Reading \_\_\_\_ Writing \_\_\_\_

Science \_\_\_\_\_

10<sup>th</sup> Math \_\_\_\_ Science \_\_\_\_

Accuplacer Scores for Specific Courses: Course \_\_\_\_\_ Score \_\_\_\_\_

Prior Concurrent Enrollment Courses taken: If more than two please list on the back or attach

Institution	Subject	Course #	Credit Hours	Grade Received

**Concurrent Enrollment Course Request:**

Requested institution of higher learning \_\_\_\_\_

Semester and year of enrollment for courses

Semester Fall Spring (circle one)

Desired Course:

Subject	Course #	Title	Credit Hours

**Concurrent Enrollment Course Request:**

Requested institution of higher learning \_\_\_\_\_

Semester and year of enrollment for courses

Semester Fall Spring (circle one)

Desired Course:

Subject	Course #	Title	Credit Hours

Answer to the following question as part of your application (attach word processed response to this form):

How will this course benefit you and help you achieve your academic goals per your ICAP?

**Concurrent Enrollment Contract:**

I have completed this application accurately.

I understand that if I receive School District funds for a Concurrent Enrollment course, I must pass the course with a C- or better. I understand that if do not earn a C- or better for a Concurrent Enrollment course paid for by the School District I will be required to reimburse the School District for all tuition costs. **If I am not receiving School District funds for a Concurrent Enrollment course, my fee is attached.**

_____ Student Signature	_____ Date	_____ Parent Signature	_____ Date
_____ Counselor Signature	_____ Date	_____ Principal Signature	_____ Date