



Application for Concurrent Enrollment

Name _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Email Address _____

Cell Number _____ Social Security Number _____

Parent Number _____ Parent SSN (if under 18) _____

High School _____ Grad Year _____

ACT Composite Score _____ GPA (unweighted) _____

I have read and understand the concurrent enrollment provisions set forth by Oklahoma Baptist University. I accept the condition that I must be concurrently enrolled in high school in order for my college enrollment to be valid. I also understand that not all OBU courses may be available to concurrent students and full-time enrolled students have priority in class availability.

Student Signature _____ Date _____

Parent Signature _____ Date _____

High School Official

Above student is approved to enroll in _____ credit hours at OBU for the _____ semester of _____.

School Official Signature _____ Date _____