NORTHWEST ARKANSAS COMMUNITY COLLEGE

CONCURRENT STUDENT REGISTRATION

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

Social Security Number: _____ - _____ - _____ Semester_____ Year_____

High School/Home School: _____

This section **must** be completed with your high school counselor (home school primary instructor).
I authorize the above student to register for the following course(s) at NWACC:

CRN	SUBJECT	COURSE NO.	COURSE TITLE	CR. HR.	TIME	CLASS MEETS						BUILDING	ROOM NO.	INSTRUCTOR
						M	T	W	T	F	S			

College credit will be awarded for **all** courses taken at NWACC. NWACC **does not** award high school credit. It is the responsibility of the concurrently enrolled student to discuss/decide upon the option for high school credit with the high school counselor and/or principal (home school primary instructor).

Please mark one:

_____ I **want** the concurrent credit grade placed on my high school transcript.
_____ I **do not want** the concurrent credit grade placed on my high school transcript.

I recommend the student take the above course(s) with reservation ___, without reservation___.

Principal/Counselor Signature (required)_____

List the name(s) of any individual(s) to which you authorize the release of educational information:

_____ _____
Name Relationship Name Relationship

This release is valid for the duration of my enrollment at NWACC as a concurrent student. The release is no longer valid once I am no longer enrolled at NWACC or graduate from high school. I approve the release of grades from NWACC Registrar's Office to all above parties.

_____ _____
Student's Signature (required) Date

_____ _____
Parent's/Guardian's Signature (required if student is under 18 yrs of age) Date

Revised 9/12

NWACC Use Only
Advisor's signature_____