



JOINT APPROVAL OF HIGH SCHOOL STUDENTS
FOR
CONCURRENT ENROLLMENT AT JOHNSTON COMMUNITY COLLEGE

Student's Name _____

Home Address _____

Age _____ Date of Birth _____ Social Security Number _____

Parent's Name _____

High School Currently Attending _____

Student's proposed course (s) at JCC _____

Beginning date of proposed concurrent enrollment _____

This is to certify (1) that concurrent enrollment is hereby approved, (2) that the student is taking the equivalent of one-half of a full-time high school schedule, (3) that the student is making appropriate progress toward high school graduation, and (4) that the course(s) proposed by the above named student is hereby approved.

DATE

High School Principal's Approval

DATE

Chief Academic Officer's Approval

I hereby approve the enrollment of the above named high school student in the proposed course(s).

DATE

President – Johnston Community College