

Application for Garfield Re-2 Concurrent Enrollment

Name _____

High School _____

Email Address _____

Phone _____

I respectfully request permissions to take the following course(s), (up to two total per semester that the district pays for) through Colorado Mountain College for the _____ semester during the _____ school year:

(Course taught by a CMC professor)

(Course taught by a CMC professor)

(Course taught by a Re-2 teacher)

(Course taught by a Re-2 teacher)

School Grade Level during CMC Course (Circle): 9 10 11 12

Test(s) you have taken (Circle): SAT ACT Accuplacer

Please give a brief explanation of how taking a concurrent enrollment course will enhance your Individual Career and Academic Plan (ICAP):

(Student's signature)

(Parent's signature)

To be eligible:

- * Students complete and submit the district concurrent enrollment application form **60 days** prior to the end of the academic term preceding the term of enrollment.
- * Students must enroll in an approved post secondary course created by Garfield Re-2 and CMC that meets or exceeds the districts academic standards. Courses may not be substantially similar to a courses offered by the district.
- * Requested courses must be a part of the student's ICAP.
- * Students who enroll in CMC classes without following the Garfield Re-2 board policy, shall have their dual enrollment high school credit denied and will be financially responsible for tuition and fees.

*Please attach a copy of student's ICAP and transcript.

Counselor Signature for approval: _____