



1537 University Boulevard, Morrilton, Arkansas 72110

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**HIGH SCHOOL AND HOME SCHOOL CONCURRENT ENROLLMENT PROGRAM &
HIGH SCHOOL AND HOME SCHOOL EARLY ADMISSION PROGRAM
PERMIT-TO-REGISTER FORM**

Student Name: _____
(please print) FIRST MI LAST

STUDENT TELEPHONE NUMBER

STUDENT EMAIL ADDRESS

Student Social Security Number: _____ - _____ - _____

FOR HIGH SCHOOL OFFICIAL:

The student above meets the requirements for the UACCM High School and Home School Concurrent Enrollment Program or the High School and Home School Early Admission Program and has the approval of this high school to attend the University of Arkansas Community College at Morrilton for the course(s) and during the semester indicated below.

For home school students, the high school official acknowledges the receipt and approval of the Notice of Intent and Waiver Form.

SEMESTER: (a new form and approval is required each semester of enrollment)

___ Fall ___ Spring ___ Summer I ___ Summer II 20___

LINE #	COURSE #	COURSE TITLE	INSTRUCTOR	CLASS DAY(S)	CLASS TIME

NAME OF HIGH SCHOOL OFFICIAL (please print)

TITLE OF HIGH SCHOOL OFFICIAL

NAME OF HIGH SCHOOL

EMAIL ADDRESS OF HIGH SCHOOL OFFICIAL

TELEPHONE NUMBER OF HIGH SCHOOL OFFICIAL

STUDENT'S CURRENT H.S. GPA

SIGNATURE OF HIGH SCHOOL OFFICIAL

DATE

