



# High School Programs

# Concurrent Enrollment Application

183 College Drive • De Queen, AR 71832 • 870.584.4471 • 800.844.4471 • [www.cccua.edu](http://www.cccua.edu)

|  |                           |  |                           |                           |                           |                           |                           |
|--|---------------------------|--|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|
| -----Office Use Only-----  | -----Office Use Only----- | -----Office Use Only-----  | -----Office Use Only----- | -----Office Use Only----- | -----Office Use Only----- | -----Office Use Only----- | -----Office Use Only----- |
| Term _____   | Student ID: _____         | Suspended from another college? <input type="checkbox"/> Yes <input type="checkbox"/> No |                           |                           |                           |                           |                           |
| Holds: <input type="checkbox"/> HSTR <input type="checkbox"/> MATH <input type="checkbox"/> READ <input type="checkbox"/> WRIT <input type="checkbox"/> VIOL |                           |  |                           | Advisor: HSCO _____       |                           |                           |                           |
| <input type="checkbox"/> IMMU <input type="checkbox"/> IMM2  |                           |  |                           | Entered By/Date: _____    |                           |                           |                           |
| Degree/Major Code: UNDECLARED  |                           |  |                           | Scanned By/Date: _____    |                           |                           |                           |
| -----Office Use Only-----  | -----Office Use Only----- | -----Office Use Only-----  | -----Office Use Only----- | -----Office Use Only----- | -----Office Use Only----- | -----Office Use Only----- | -----Office Use Only----- |

**(Please complete in black or blue ink)**

Semester Applying for:  FALL  SPRING  SUMMER 20\_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
Maiden/Other Name Used

Name: \_\_\_\_\_  
First Middle Last

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip

Current County of Residence: \_\_\_\_\_

Student Cell Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  Male (1)  Female (2)  
MM / DD / YYYY

Legal Arkansas resident for past 6 months?  Yes  No

Citizenship: (Please Check Only One)  U.S. Citizen  
 U.S. Permanent Resident  
 Other or DACA recipient/applicant

Ethnicity:  Asian  American Indian/ Alaska Native  Black/African American  
 Hawaiian/Pacific Islander  Hispanic/Latino  White

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_



Is English your first (native) language?  Yes  No  
Did either of your parents graduate from a 4-year college?  Yes  No  
Are you currently charged with or have you ever been convicted of a violent crime or felony?  Yes  No

**High School Attending:** \_\_\_\_\_

**Graduating Year from High School:** \_\_\_\_\_

**Student Level:**

Currently in High School (13)

**Enrollment Status:**

High School Student (13)

**Enrollment Reason:**

Complete Coursework for Concurrent High School Credit (6)

**Statement of Arkansas Selective Service Status  
(Act 228 of 1997)**

I certify that I am registered with the Selective Service

**I certify that I am not required to register with the Selective Service because:**

- I am female.
- I am in the armed forces on active duty (being a member of the Reserves or National Guard is not considered on active duty).
- I have not reached my 18th birthday.
- I am a permanent resident of the Trust Territory of the Pacific Islands or of the Northern Mariana Islands.
- I am an alien lawfully admitted to the U.S. as a non-immigrant.

Directory type information such as a student's name, address, phone number, date and place of birth, honors and awards, and dates of attendance, may be released on an as-needed basis. If you do not want directory information released, you must advise the Registrar's office, in writing, at the beginning of each semester. Refer to Board Policy 525. Federal law prohibits us from making pre-admission inquiries about disabilities. If you require special supports due to a disability, contact the Disability Support Coordinator at 1-800-844-4471.

I agree to submit all materials which are required for this admission application and I understand failure to do so and/or the furnishing of false, incomplete, or misleading information may at any time result in the termination of my admission and registration at the University of Arkansas Cossatot.

Signature \_\_\_\_\_

Date \_\_\_\_\_

***UA Cossatot embraces diversity and is committed to improving the lives of those in our region by providing quality education, outstanding service, and relevant industry training.***

***UA Cossatot Mission Statement***