



EASTERN IDAHO TECHNICAL COLLEGE

Concurrent Enrollment Form

ADMISSIONS:

Student Name: _____ Year in School: _____

High School: _____ Principal's Telephone: _____

Concurrent Enrollment Starting Date: _____

We verify that the student applicant for concurrent enrollment meets the following qualifications:

1. The student has completed an Eastern Idaho Technical college applications.
2. The student is enrolled in his/her high school and (a) is in good standing, (b) is meeting the prescribed curriculum (c) and will receive the high school diploma at the appropriate graduation time.
3. The student has at least a 3.0 GPA on state required subjects.
4. The student is 16 years of age or older.
5. The student is enrolling for six hours or less of college work.
6. The student has the permission of the high school principal and parents or guardians.

My anticipated courses for the upcoming semester or term are as follows:

Course	Hours
_____	_____
_____	_____
_____	_____

Date

Student

Principal

Parent or Guardian

Counselor

Distribution: High School Student Eastern Idaho Technical College
 Administrative: REG PERC added