WESTERN PIEDMONT
COMMUNITY COLLEGE

Workforce and Professional Development
High School Concurrent Enrollment Approval Form
(This form must be completed for each student and for each attended class.)

Name of Student: _____ Age: _____ Birth Date: ___/___/___
Last First Middle (Must be 16 years old) M D Y

Grade Level: _____ High School: _____ Is this a home school? ☐ No ☐ Yes

Class Title: _____ Section #: _____ Class Date: _____ Class Hours: _____

I certify that the student listed above is in good academic standing and is making satisfactory academic progress toward graduation.

_____ _____
Approval (signature) of Principal/Counselor Date

Permission to register for an on-line course

_____ _____
Approval (signature) of Principal/Counselor Date

Western Piedmont Community College has permission to release my transcript and/or educational records to my parents and/or the high school I am attending during my enrollment as a concurrent enrolled student.

_____ _____
Student Signature Date

_____ _____
Approval (signature) of Director of Records & Registration (or designee) Date

Revised 04/2015