11th and 12th Grade

Concurrent Enrollment (CE) Spring Semester 2018

Concurrent Enrollment provides students with an opportunity to gain college and high school credits while providing academic challenges through access to academic courses that are not available in local high schools.

Concurrent Enrollment Program Checklist:

- **Meet with your Counselor.** Ask clarifying questions, process, share plan of study, and turn in the completed Parent Acknowledgement form. Inform your counselor if you are under 16.

- **Turn in ALL completed forms:** (College Concurrent Enrollment Application, College Admission Application, District 6 Promise to Repay Contract) to your counselor by December 1, 2017.
  
  *Returning students within 1 year of last course attended need not re-apply to college*

- **Register for courses:** Spring registration opens for returning students on November 6th and new students on November 13th.

- **Purchase course books/materials.**

- **Obtain parking permit and school ID.**

Additional Notes for Concurrent Enrollment:

- Per semester, Greeley-Evans School District 6 will pay tuition cost up to 6 credit hours at Aims Community College per credit hour rate. The student/Parent will be responsible for additional credits beyond 6.0 in which the student opts to enroll. Other fees, including student fees, differential tuition cost, books, etc. are the responsibility of the student/parent/guardian.

- **ALL students must submit their college/university transcript,** showing their final grade, to the high school counselor within 4 weeks after the completion of class. The student may obtain their transcript from the college/university website by using their login information.

*PLEASE SEE OUR COUNSELOR WITH ANY ADDITIONAL QUESTIONS*
Concurrent Enrollment Programs Agreement Form

Student: You have indicated that you are interested in taking a course at Aims Community College. Persons under 21 years of age enrolled in 9th-12th grade in a Colorado school district and who demonstrate academic preparedness are eligible for Concurrent Enrollment Programs. Concurrent Enrollment students earn both high school and college credit for the same course, and the student’s share of college tuition is paid by the school district. Students in 12th grade may enroll in college basic skills courses, if approved by their school district. Students retained for instructional purposes beyond the 12th grade, may enroll in no more than nine (9) college credits concurrently during the following year. To enroll in a course at Aims Community College, a student must have completed the minimum course prerequisites and all required assessments.

Program: □ Concurrent Enrollment □ Career Academy* □ ASCENT* □ Semester: □ Fall □ Spring □ Summer □ Year: 20____

Section A: To be completed by student (PLEASE PRINT in BLACK or BLUE INK)

Last Name: ___________________________ Gender: □ Female □ Male*
First Name: ___________________________ *Must be registered for Selective Service if age 18
Middle Name: _________________________ Date of Birth: __________/______/______
SSN: ____________________________ (Not required for admission, used to match past/future records & verify Selective Service)
HS Student ID#: _____________________ SASID #: ____________ Aims ID# __________________ (if known)
Address: ___________________________________________ PO Box: __________________________
City: ______________ County: _________ Zip: ______________ State: ______________
Phone: Mobile: ___________________ Land Line: ______________________
Current High School: ___________________________ School District: __________ City: __________
Current Grade: _____ Graduation Month/Year: _____________ Test(s) Taken (Circle): ACT Accuplacer SAT
Parent/Guardian Name(s): ____________________________

Student information can be released to parent(s)/guardian(s) listed above. See Point 10 for information and conditions.

Attention High School Counselor: Your initials next to a course verify that the course is included in the Student’s ICAP/PEP.

Student: You are responsible for obtaining/completing prerequisites, permissions, and orientations needed prior to registration.

<table>
<thead>
<tr>
<th>CRN</th>
<th>Subject</th>
<th>Course Number</th>
<th>Title</th>
<th>Credit Hours</th>
<th>Course Location</th>
<th>Counselor Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>56789</td>
<td>MAT</td>
<td>121</td>
<td>Example: College Algebra</td>
<td>4</td>
<td>(H.S./College)</td>
<td></td>
</tr>
</tbody>
</table>

Section B: To Be Read and Signed by Student and Student’s Parent/Guardian

Signatures below indicate that the above named student wishes to participate in the Concurrent Enrollment Program and all parties agree to the following:

1. Student has received advice and/or counsel regarding such participation from his or her current high school and/or an academic advisor.
2. The student will meet the same course expectations and prerequisites as all other college students, as noted in course catalog, class syllabus, and college policy and procedures.
3. College course credits may transfer in congruence with Colorado Guaranteed Transfer (GT) Pathways or articulation agreements if the student earns a "C" or better in the course.
4. If the student seeks to add, drop or withdraw from a college course, he/she must meet with the High School counselor and notify the college Concurrent Enrollment or Admissions staff in writing prior to the add, drop or withdrawal deadline.
5. If the Student receives a grade of ‘F’, ‘W’, or an ‘Incomplete’ on their college transcript, student may be required to pay back the tuition cost to the school district. Grades lower than ‘C’ can have an impact on future aid awards and higher education admissions.

Deadline: ____________________________

Office Use Only

A00-_________________ Term_________________
6. The grade received in the course will appear on the student’s official high school and permanent college transcript and cannot be removed.
7. The course satisfies college degree, certificate and/or basic skills requirements and is in line with the student’s Individual Career & Academic Plan (ICAP/PEP).
8. Only courses that apply toward a college degree or certificate, or (for 12th graders only) that qualify as basic skills courses, are covered under the Concurrent Enrollment program.
9. The student may not enroll in a course under the Concurrent Enrollment Program unless it is approved by the School District. Students registering into an unapproved course(s) may be held responsible for all tuition and fees per the School District policy.
10. In compliance with the Family Educational Rights and Privacy Act (FERPA) of 1974, the student gives permission to Aims Community College to report absences, disciplinary issues, and the release of grades, transcripts, in-progress grade, class schedules, and billing information, as available, to the above noted High School/School District and the Parent/Guardian listed on this form for any courses enrolled in the Concurrent Enrollment Program. Grades will be input on the student’s high school portal.
11. The student will adhere to the college Student Code of Conduct, all college rules, regulations and policies, including financial obligations, and meet all college and course deadlines as outlined in the college catalog, course schedule, and/or course syllabus.
12. Students under the age of 16 who plan on taking courses on any one of Aims CC campuses must meet with an Aims designated college advisor prior to course registration. A parent/guardian is required to attend the meeting with his/her student.

In signing this agreement, I understand and will abide by all statements and information in Sections A and B.

If the student is under 18 years of age at the time this application is signed, the student’s parent/guardian agrees:
1. Aims Community College may assess, advise, and enroll my student, and may issue and permanently record earned grades,
2. Aims Community College may hold me liable for tuition, fees, and any other charges accrued by my student, and
3. Aims Community College may hold me responsible for my student’s behavior according to college code.
4. I understand that this consent is for the entire time that my minor child is enrolled. I understand it is up to me to affirmatively withdraw my consent if I wish to do so.

Student Signature and Date

Parent/Guardian Signature and Date

Deliver this form to your high school counselor. This agreement is student and college specific. A separate agreement and college application must be completed for each eligible post-secondary institution & term that high school students plan to attend.

Section C: Student Eligibility & High School Approval. To be completed by high school counselor/principal.

Check all that apply:
☐ This student is under 21 years of age.
☐ This student is currently in the _______ grade.
☐ This student is continuing 12th grade.
☐ *The student’s Career Academy or ASCENT Addendum is attached.
☐ This student is eligible to enroll in basic skill courses at the college (12th grade only).
☐ The student’s Accuplacer scores are attached.
☐ The student’s ACT scores are attached.
☐ The student’s SAT scores are attached.

If signed by the Principal and/or the Superintendent (or their designees), the School District agrees to pay tuition for approved credits/courses per the school or district policy.

Approved by Counselor, Principal, or designee
Name of High School __________________ Date __________________
Signature __________________ Title __________________

Approved by School District Superintendent or designee
Signature __________________ Date __________________

Section D: College Approval

Approved by College Administrator
Name of College Aims Community College Date __________________
Signature __________________ Title __________________

Office Use Only

<table>
<thead>
<tr>
<th>Aims ID</th>
<th>Term</th>
<th>Student Type: H</th>
<th><em>No Drop for Nonpayment</em></th>
<th>SGAUSDF</th>
</tr>
</thead>
<tbody>
<tr>
<td>A00-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Concurrent Enrollment Agreement Form
Office of Academic Pathways
Revised 11/11/2016
APPLICATION FOR ADMISSION

Indicate the year and term you wish to attend: [ ] Fall [ ] Spring [ ] Summer 20__

PERSONAL INFORMATION

Last Name: ____________________________________________
First Name: ____________________________________________
Middle Name: ____________________________________________

Gender: [ ] Female [ ] Male

Date of Birth: ______/_____/______ (mm/dd/yy)
Social Security Number: __________________________

Previous Name(s) (if applicable): ______________________________________________________

PHYSICAL / MAILING ADDRESS

Street: __________________________
City: __________________________ County: __________________________ State: ______ Zip: ______
Phone: Mobile: ( ) Land Line: ( )
Personal Email Address: ____________________________________________________________

SELECTIVE SERVICE

All males between the ages of 17 yrs 11 mos and 26 yrs must answer this question:

Are you registered with Selective Service? (For more Information: www.sss.gov) [ ] Yes [ ] No

ETHNICITY (Voluntary for State & Federal reporting)

[ ] Hispanic or Latino [ ] American Indian/Alaska Native [ ] Black/African American
[ ] Not Hispanic or Latino [ ] Asian [ ] Native Hawaiian/Pacific Islander [ ] White

RACE (Voluntary for State & Federal reporting)

CITIZENSHIP (Select only one)

[ ] U.S. Citizen (Y)
[ ] U.S. Permanent Resident (must provide official documentation) (PR)
[ ] Resident Alien No. A-
[ ] I have a Visa (must provide official documentation) (OT)
[ ] Type: __________________________ [ ] Exp. Date: __________________________
[ ] I have refugee/asylum status (must provide official documentation) (OT)
[ ] I am not a US citizen and have no lawful status with the US Citizenship & Immigration Service (NS)
[ ] Did not graduate from High School (LHS)
[ ] Currently in High School (C99-C12) Grade: ______
[ ] High School Graduate (HS)
[ ] Received GED (GED)
[ ] Occupational Certificate (O)
[ ] Associate Degree - Circle one: AA AS AAS AGS
[ ] Bachelors Degree (4)
[ ] Masters or higher (5)

HIGHEST EDUCATION LEVEL COMPLETED

FIRST GENERATION STUDENT

Has either of your parents earned a 4-year degree? (a4) [ ] Yes [ ] No

TERM OF ATTENDANCE / COURSE OF STUDY INFORMATION

While at Aims, which of the choices below will you be your program of study? (Choose only one, please)

[ ] AA: Associate of Arts, Liberal Arts (designed to transfer to a 4-year school)

Area of Study (optional): [ ] Anthropology [ ] Business [ ] Criminal Justice
[ ] Early Childhood Ed [ ] Economics [ ] Elementary Ed [ ] French [ ] History
[ ] Math [ ] Political Science [ ] Psychology [ ] Sociology [ ] Spanish

[ ] AS: Associate of Science, Liberal Arts (designed to transfer to a 4-year school)

Area of Study (optional): [ ] Psychology

[ ] AAS: Associate of Applied Science

Specific major (required): __________________________

[ ] Occupational Certificate

Specific major (required): __________________________

[ ] Selective Admission Programs: If pursuing a program listed below, a separate application may be required

[ ] Peace Officer Academy (PREDERTOP)
[ ] Nursing (PRENASN)
[ ] Radiological Technology (PREASRTOP)
[ ] Surgical Tech (PREASSTP)
[ ] Paramedic (CERTEM13)

If NOT declaring one of the above majors, please select one of the choices below

(Check only one box, please)

X High School Concurrent Program Participant (HSP)
[ ] Will not graduate or transfer, but will take classes for personal interest only (NONE)
[ ] Will transfer credit to another school but will NOT graduate from Aims (TR)
[ ] Undecided or Unknown (000000)

MILITARY

Are you a Veteran? (a)
[ ] Yes [ ] No

Are you Active Duty Military? (a)
[ ] Yes [ ] No

Are you a Military Dependent of either a veteran or active duty member? (a)
[ ] Yes [ ] No

OFFICE USE ONLY

Aims ID: __________________________
R - Ret. N - New T - Trans H - HS Stu
Res Class: In-District (1) Out of District (2)
Out of State (3) Unknown (9)
Holds: "RH" "RD" Lawful Pres Selective Service
"RU" "RI" Under 16 yrs Citizen Undetermined

Date Received: __________________________ By: __________________________
Date Entered: __________________________ By: __________________________
**High School / GED / College Information**

- **High School Name:**
- **City & State:**
- **SASID # (State-Assigned Student ID #):**
- **Graduation Date:**
- **Currently enrolled in high school?** Yes No
- **Will you be taking Aims courses while still in high school?** Yes No
- **If not a high school graduate, did you complete a GED?** Yes No
- **If yes, date completed:**
- **Prior College: (Name of most recent college attended):**
- **City & State:**

**Tuition Classification**

Failure to answer a question may result in your being misclassified for tuition purposes.

- **Are you claiming to be a Colorado Resident for tuition purposes?** Yes No

If NO, what is your state of residence?

If you answered NO, you may skip this residency section.

What is your current age? (If under 16, special permission is required. Please contact the Admissions Office)

- If you are under the age of 23 and not married, please answer the questions for your parent or guardian. If you are over 23 or under 23 and have been married for at least a year, please provide only your information. *NOTE:* If you are 22 years old, use columns “A” and “B”.

<table>
<thead>
<tr>
<th>Column A - Student</th>
<th>Column B - Parent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>If 23 Years Old or Older, Answer for: SELF</strong></td>
<td><strong>If Under 23 Years Old, Answer for:</strong></td>
</tr>
</tbody>
</table>
| - If you are under 23 years old and married for at least 1 full year. | - Parent  
  Or  
  Court-Appointed Legal Guardian |
|   Marriage Date: ________ |   Parent Name: ________ |
| - If you are under 23 years old but Emancipated from your parents |   |
|   (Attach Proof of Emancipation) | |
| **Dates of continuous physical presence in Colorado** | **Dates of any extended absence from Colorado in past 12 months (More than 1 month)** |
| / / to / / | / / to / / |
| Month Day Year | Month Day Year |
| | | | |
| **Dates of any extended absence from Colorado in past 12 months (More than 1 month)** | **Dates of any extended absence from Colorado in past 12 months (More than 1 month)** |
| / / to / / | / / to / / |
| Month Day Year | Month Day Year |
| | | | |
| **Reason for absence:** | **Reason for absence:** |
| | |
| **Have you filed a:** | **Have you filed a:** |
| - 2015 Colorado State Tax Return  
  2016 Colorado State Tax Return  
  2017 Colorado State Tax Return |
| | | |
| **Dates of employment in Colorado or List other source of income if not employed** | **Dates of employment in Colorado or List other source of income if not employed** |
| | | |
| **Do you have a current Colorado-issued driver’s license or ID?** | **Do you have a current Colorado-issued driver’s license or ID?** |
| Yes No | Yes No |
| | | |
| **Last 3 years of Colorado Motor Vehicle Registration (Colorado License Plates/Tags Renewal)** | **Last 3 years of Colorado Motor Vehicle Registration (Colorado License Plates/Tags Renewal)** |
| | | |
| **Are you registered to vote in Colorado?** | **Are you registered to vote in Colorado?** |
| Yes No | Yes No |
| | | |

**Student/Parent Signatures MUST BE SIGNED**

I certify, under penalty of perjury, that the information I have provided on this form is true and complete without evasion or misrepresentation. I understand that if found otherwise, it is subject to delay of all application, assessment of loss, credit, rejection, or dismissal. I agree to abide by all policies, rules and regulations of the College regarding conduct and other obligations, including, but not limited to, financial obligations as stated in the Tuition and Fee Payment Policy. I agree to all terms and conditions as stated in this agreement with the College and to be held responsible for all charges incurred, including but not limited to, any service fees or other penalties incurred.

Student Signature: __________________________ Date: ____________

If the student is under 18 years of age at the time this application is signed, the student’s parent or court-appointed guardian must also sign the application, certifying:

1. Aims Community College may assess, advise, and enroll my student, and may issue and permanently record earned grades.
2. Aims Community College may hold us liable for tuition, fees, and any other charges accrued by my student, and
3. Aims Community College may hold me responsible for my student’s behavior according to college code.
4. I understand that this consent is for the entire time that my minor child is enrolled. I understand it is up to me to affirmatively withdraw this consent if I wish to do so.

Parent Signature (for students under age 18): __________________________ Date: ____________

(Revised 02/27/17)
Parent’s Statement for Applicants Under the Age of 18

Student’s Name ___________________________ Student’s Date of Birth ___________________________

Applicants under the age of 18 please read through the following with your parent/guardian and have them sign a copy of this page and submit it to the Admissions and Records office to complete your Application for Admission.

In regard to this student, who is my child under the age of 18, I hereby certify my consent for:

1. Aims Community College may assess, advise, and enroll my student, and may issue and permanently record earned grades.
2. Aims Community College may hold me liable for tuition, fees, and any other charges accrued by my student.
3. Aims Community College may hold me responsible for my student’s behavior according to college code.
4. I understand that this consent is for the entire time that my minor child is enrolled. I understand it is up to me to affirmatively withdraw my consent in writing if I wish to do so.

Parent Signature ___________________________ Date ____________

Printed Name of Parent or Guardian signing ___________________________

Admissions and Records Office Use Only

Student Number: A_________________________ Received ___________________________

Initials ___________________________
Concurrent Enrollment Program
Promise to Repay Contract
(Based on Class Failure or Late Withdrawal)

Student wishes to participate in this program for: School Year: ____________________________

Student Last Name: ____________________________ First Name: ____________________________ MI: ______
High School Currently Attending: ____________________________ Grade Level: ______ Date of Birth: ____________________________
Student ID: ____________________________ State ID: ____________________________
Address: ____________________________ City: ____________________________ State: ______ Zip: ____________________________
Parent/Guardian Name: ____________________________ Phone: ____________________________
Address (if different from student) ____________________________________________

This Agreement Will Cover All Post-Secondary Classes Taken While Attending This High School For This School Year.

If the student does not pass with a grade of “C” or higher or withdraws after the college census date, the Student/parent/guardian are required to reimburse Greeley-Evans School District 6 for the full tuition amount of the failed/withdrawn course.

Your signature below indicates that you agree to the following:

- You have read and agree to the terms and conditions of participation specified in the Concurrent Enrollment Parent Acknowledgement.

- Reimbursement will be made to Greeley-Evans School District 6 within 5 weeks of the end of the semester for the amount of tuition paid for the above-named student if the student does not pass each course taken with a grade of “C” or higher and/or withdraws after census date or without the written consent of the high school principal or counselor.

- Failure to reimburse under the above-specified conditions will result in the tuition amount being added to the student’s fees. If fees are not paid, the account may be forwarded to a collection agency.

Student Signature (REQUIRED) ____________________________ Date ________________

Parent/Guardian Signature (REQUIRED) ____________________________ Date ________________

High School Counselor Signature ____________________________ Date ________________

Return to your high school counselor

Director or Designee Signature ____________________________ Date ________________

This Form Will Be Retained by Greeley-Evans School District 6 for Tuition Collection if Necessary.

CE PROMISE TO REPAY CONTRACT | 02/24/16
Concurrent Enrollment
Parent Acknowledgment

Student Name: ____________________  Current Grade: ____  School: ___________  Term: Fall or Spring  Year: ___

Your signature below indicates your approval for the above named student to participate in Concurrent Enrollment and agreement to the following:

1. Advice and counsel regarding such participation has been received from your current high school.
2. Summer courses are not covered under the Concurrent Enrollment tuition reimbursement; however, the student can choose to receive high school credit.
3. Student may enroll only in Guarantee Transfer course and/or courses which apply to specific pathway.
4. With regards to college activities, qualified student may participate in some activities, but are not eligible for NCAA athletic activities.
5. Adding, dropping, or changing a course requires the Student to complete a Concurrent Enrollment Change/Add/Drop Form and submit to Student’s high school counselor for approval. ALL changes must be approved by the district prior to the Add/Drop date at the college. Failure to complete the required form by the designated date will mean it becomes the responsibility of the Student/Parent/Guardian to pay the tuition for any course other than the course(s) approved on this application.
6. The student agrees to attend the courses that are approved by the district. If for any reason the student cannot attend a particular day, it will be the responsibility of the student to inform their high school counselor and college professor of their absence.
7. The maximum allowable tuition payable by Greeley-Evans School District is six (6.0) credit hours each semester for Student’s approved coursework. Student/Parent/Guardian will be responsible for additional credits beyond 6.0 in which the Student opts to enroll.
   • By signing this agreement, I agree with the condition that the Student/Parent/Guardian will be responsible for payment of student fees, differential tuition costs, books, other fees, etc. not covered in tuition.
   • Per semester, Greeley-Evans School District 6 will pay tuition costs up to six (6.0) credit hours at the Aims Community College per credit hour rate. The Student/Parent/Guardian will be responsible for additional credits beyond 6.0 in which the Student opts to enroll.
   • The student must provide their own transportation to and from the college.
   • If the student does not receive a C or higher in the course, then the student/parent/guardian will be responsible to reimburse the amount of tuition back to the school district.
   • I wish to pay my own tuition. Only applies to students who have a full high school course load or home schooled students (Note: school district does not pay cost for independent home schooled students).

__________________________  ____________________________
Student Signature (REQUIRED)  Date  Parent/Guardian Signature (REQUIRED)  Date

See your high school counselor for application due date. This agreement is student, college, and semester specific.

Return to your high school counselor