

TARLETON STATE UNIVERSITY
CONCURRENT ENROLLMENT

Date: _____

Student's Name: _____ UID: _____

Requests permission for concurrent enrollment for:
_____ Fall _____ Spring _____ Summer Year _____

I will be enrolled in the following courses at Tarleton State University:

Total Hours: _____

I will be enrolled in the following courses at: _____
College or University

Total Hours: _____

Student's Signature

Advisor's Signature

Department Head Signature

APPROVED (over 18 hours):

APPROVED (over 21 hours):

Dean of Student's Major College

Associate Vice President
Academic Affairs