



## CONCURRENT ENROLLMENT FORM

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ UID: \_\_\_\_\_

Requests permission for concurrent enrollment for:

\_\_\_\_ Fall    \_\_\_\_ Spring    \_\_\_\_ Summer    Year \_\_\_\_\_

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

---

---

---

---

Total Hours: \_\_\_\_\_

Student will be enrolled in the following courses at: \_\_\_\_\_  
College or University

---

---

---

---

Total Hours: \_\_\_\_\_

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Advisor's Signature

\_\_\_\_\_  
Department Head Signature

**APPROVED (if over 18 hours):**

**APPROVED (if over 21 hours):**

\_\_\_\_\_  
Dean of Student's Major College

\_\_\_\_\_  
Associate Vice President of  
Academic Affairs

Return to the Office of the Registrar  
Box T-0620 / Stephenville, TX 76402 / 254.968.9121 / 254.968.9389 Fax  
registrar@tarleton.edu