



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:

Four horizontal lines for listing courses at Tarleton State University.

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

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

Four horizontal lines for listing courses at other colleges or universities.

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

