WILSON COMMUNITY COLLEGE
P.O. Box 4305 • 902 Herring Avenue • Wilson, North Carolina 27893

Please Print

I, _____,

(First name) (Last name) (Middle)

would like to concurrent enroll at Wilson Community College for the following classes as indicated:

Course Name: _____

Course Number: _____ Section Number: _____

Number of Contact Hours: _____ x 16 weeks = Total_____

Beginning/Ending Times: From _____ To _____

Class Day(s): _____

Beginning/Ending Dates: From _____ To _____

Course Name: _____

Course Number: _____ Section Number: _____

Number of Contact Hours: _____ x 16 weeks = Total_____

Beginning/Ending Times: From _____ To _____

Class Day(s): _____

Beginning/Ending Dates: From _____ To _____

I give Wilson Community College permission to release attendance and grade information to the counselor listed below regarding this / these course(s).

Student's Signature: _____ Date: _____

Date of Birth ___/___/___ Address: _____ Phone: _____

Approved for Concurrent Enrollment:
I certify that _____ is making progress towards graduation and enrolled in at least an equivalent one half of a full-time schedule and has permission to concurrent enroll at Wilson Community College.

_____ _____
(Principal's Name) (Parent/Guardian Name)

_____ _____
(Principal's Signature) (Date) (Parent/Guardian Signature (Date)

_____
(High School/Address)

Counselor Contact: _____ Phone: _____
Counselors: Please be sure the courses approved for concurrent enrollment either have no prerequisites or that the Student has met all prerequisites. Concurrent enrollment students can only register during special credit registration. Transportation, student fees, and book costs are the student's responsibility.

October 2007