



ENROLLMENT MANAGEMENT  
CONCURRENT CONSENT FORM

2170 Raven Circle  
Okmulgee, OK 74447  
918.549.2847  
[admissions@cmn.edu](mailto:admissions@cmn.edu)

First Name:	MI:	Last Name:
Date of Birth	Email Address:	

**High School Information**

High School Attending:	Graduation Date:
Number of High School courses enrolled in for the applied term:	

**High School Official**

I recommend this student for concurrent enrollment at CMN. I certify that the student will be eligible to satisfy high school graduation requirements (including curricular requirements for college admission) by the spring semester of the senior year. The student has taken the ACT and achieved the required ACT composite or has the high school GPA required to be admitted to CMN. In addition, I certify that this student will not be enrolled in a combined total exceeding 19 semester credit hours as a concurrent student.

Signature of High School Counselor:	Email:	Date:
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**Parent/Guardian**

I grant permission for my child to enroll as a Concurrent High School student at CMN. I understand that as a concurrent student, my child will not be eligible to receive Title IV HEA funds and will be responsible for all charges incurred while my child is enrolled as a concurrent student. CMN offers institutional scholarships; please see the Admissions office for additional information.

Signature of Parent or Legal Guardian:	Email:	Date:
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Term of Enrollment: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	Year:
Courses that I wish to be enrolled in at CMN:	

I understand that I must meet the concurrent guidelines and policies outlined in the CMN catalog and student handbook. My signature below is to acknowledge that I agree to abide by all rules, regulations, policies, and practices set forth by the administration of CMN. In addition, by enrolling concurrently, I grant permission for my high school to access my education records.

Signature:	Date:
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