ARKANSAS DNIVERSITY OZARK CAMPUS	Applicat Arkansas Tech Un schools by comple enroll for technical earn technical cred	ion for High Gra iversity-Ozark Campu menting their program courses concurrent v dit by attending Arkan	versity-Ozar School Studen de 9-12 us welcomes the opportun swith special opportun with enrollment in high so sas Tech University-Oza n a part-time basis during	2014-15 School Ye For Official Use C App Hs Tr Term Test MMR MMR	only	
1) Social Security Number	 Number 2) Legal Name: Last		First	Middle		_
Permanent Home Address: Number and Street or Route and Box			City	State	Code	_Zip
Telephone Number Email Address			County			-
Emergency Contact : Full Nan	ne		Relationship			-
Emergency Contact Address	(if different than pern	nanent home addres	ss)	Emergency Te	lephone Number	_
Month Day Year Date of Birth Name of Hig			hool currently attending	Month Anticipated High S	Year chool Graduation Date	-
Ethnic Origin (Select one or more of the following)1. Black/African American (Non-Hispanic)2. American Indian/Alaskan Native3. Asian or Pacific Islander4. Hispanic5. White (Non-Hispanic)		Gender Male	Female	elect one) tizen nt Alien (immigrant) of your card must uded with application.		

To be in compliance with the current policy, you must accurately complete and return this form. Neither admission nor registration will be allowed until your information has been received and evaluated.

To maintain a safe learning community, we ask the following questions of all applicants. We cannot process your application unless you answer these questions. Answering "yes" to one or more of the following questions will not necessarily preclude you from being admitted. However, failure to provide complete, accurate, and truthful information will be grounds to deny or withdraw admission, or to dismiss after enrollment.

1)	Have you ever been convicted of, or pleaded no contest to, a crime other than a minor traffic violation?	OYes	O No
2)	Do you have any criminal charges pending against you?	OYes	O No
3)	Have you ever been expelled, dismissed, suspended, or placed on probation by any other school, college, or university?	OYes	O No
4)	If you have ever served in the military, did you receive any type of discharge other than an honorable discharge?	OYes	O No

If you answered yes to any question above, please explain in detail the circumstances of each situation. Please continue on the back of this sheet or attach a separate sheet if necessary. You must promptly notify the Office of Student Services of any criminal charge, any disposition of a criminal charge, or any school, college, or university disciplinary action against you, or any type of military discharge other than an honorable discharge that occurs at any time after you submit this document.

Counselor or School Official: An official high school transcript is required. However, you may provide the following information in lieu of official high school transcript. Your signature signifies the information provided is accurate according to your records.					
Current GPA	Current Rank	Anticipated Graduation Date	Counselor or School Representative Signature		

For Student (Continuing Concurrent High School Student)

Secondary school students are not eligible to enroll in developmental courses in mathematics, English or reading.

I understand and agree that by submitting this application, I have obtained the permission of my parents and my high school to enroll in classes at Arkansas Tech University-Ozark Campus during the school year indicated. If at any time Arkansas Tech University-Ozark Campus officials report discrepancies in information submitted, I may be withdrawn from classes.

I understand that for each school year for which I am approved by my high school to attend Arkansas Tech University-Ozark Campus that:

- I must complete the Application for High School Student Program and that my admission will be determined by officials at Arkansas Tech University-Ozark Campus in accordance with admission criteria for entering students as described in the applicable Arkansas Tech University-Ozark Campus catalog or specified pilot program agreement.
- If enrolling in college credit courses, I must have an official copy of my latest high school transcript and entrance test scores (ACT or SAT) forwarded to Arkansas Tech University-Ozark Campus to be evaluated for admissions and course placement purposes. If test scores are not available, I must contact the Arkansas Tech University-Ozark Campus Office of Student Services at (479) 667-2117 to take a COMPASS exam.
- Upon completion of a course(s) for which I do not choose to have the course(s) and grade(s) recorded for technical or college credit, I must notify the Arkansas Tech University-Ozark Campus' Office of Student Services in writing within thirty (30) days after the end of the term or semester in which the course is taken. Otherwise, all courses and grades will be posted for technical or college credit. Enrollment in college level English and math will require a 19 on the ACT English, reading and math sections.
- An official copy of my Arkansas Tech University-Ozark Campus academic record will be provided to my high school at the conclusion of each term or semester for which I am approved to enroll.
- Other educational records may be released to my high school pertaining to the term or semester I am enrolled at Arkansas Tech University-Ozark Campus as a high school student.
- The rules and regulations adopted by my high school govern any high school academic credit/grades that may be awarded for course(s) taken at Arkansas Tech University-Ozark Campus.
- Enrollment in specific classes at Arkansas Tech University-Ozark Campus is subject to space availability.
- I am aware of Arkansas Tech University-Ozark Campus' tuition reduction policy as it applies to the course in which I am enrolling and understand my responsibility for outstanding charges.

Completed and signed original of this application	Placement test scores (ACT or SAT) (if available)
Latest high school transcript	Immunization record showing two (2) MMR shots

My signature also grants permission to Arkansas Tech University to access my academic (e.g. high school and college transcripts) and immunization records. I understand that withholding information requested or giving false information may make me ineligible for admission and enrollment.

I hereby affirm that all information supplied is complete and accurate. It is my understanding that I shall not be considered for admission to Arkansas Tech University-Ozark Campus until I have submitted all credentials specified in the Admission Checklist . I understand that withholding information requested or giving false information may make me ineligible for admission and enrollment.

CRN Number	Course Prefix	Course Number	Sec No.	Instructor	М	Т	W	R	F

Your full legal name	Date of Birth	
5		

Applicant's signature ____

Date

Instructions -- Deliver or mail the above documents to: Office of Student Services

1700 Helberg Lane Ozark, AR 72949