



Office of Admissions
Concurrent Enrollment Application

Please fill out this form completely.

Name: Last First MI
Address: Street Address City State Zip Code
Telephone: () Email Address:
Social Security Number: Date of birth: / /
Month Day Year
Sex: Male Female

High School Name:
Address: Street Address City State Zip Code
Current Grade Level:

Church Name:
Please check one:
Professing member: Non-member, but presently attending church:

Register for Course(s):
Course Number (ex. BTS 111) Course Name

I, to the best of my knowledge, declare that all the information in this application is accurate and complete. I further certify the following: 1) I have earned at least a 3.0 cumulative high school GPA; 2) I have met the prerequisites and am fully prepared for the course in which I am registered; 3) I will conduct myself in accordance with the standards and policies of Providence Christian College at all times; 4) I acknowledge that Providence courses may address some adult themes and topics;
Signature of student: Date:

I give permission for my son/daughter to participate in Providence Christian College coursework as deemed appropriate by the college and the high school he/she attends.
Signature of parent/guardian: Date:

I give permission for the above named student to participate in Providence Christian College coursework. I also certify that this student is in good standing with his/her high school and will be a good standing member in the Providence Christian College community.
Signature of high school principal: Date: