



**JOINT APPROVAL OF HIGH SCHOOL STUDENTS  
FOR  
CONCURRENT ENROLLMENT AT JOHNSTON COMMUNITY COLLEGE**

Student's Name \_\_\_\_\_

Home Address \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Parent's Name \_\_\_\_\_

High School Currently Attending \_\_\_\_\_

Students Proposed Course(s) at JCC \_\_\_\_\_

\_\_\_\_\_

Beginning Date of Proposed Concurrent Enrollment: \_\_\_\_\_

This is to certify (1) that concurrent enrollment is hereby approved, (2) that the student is taking and plans to continue taking at least three courses in approved high school curriculum, (3) that the student is making appropriate progress toward high school graduation, and (4) that the proposed course by the above student is hereby approved.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
High School Principal's Approval Principal

I hereby approve the enrollment of the above named high school student in the proposed course(s).

\_\_\_\_\_  
DATE

\_\_\_\_\_  
President – Johnston Community College