ABERDEEN SCHOOL DISTRICT 6-1	NEPN Code: IHCDA-E
POLICIES AND REGULATIONS	

Concurrent Enrollment Application

STUDENT NAME: _____ **GRADE:** _____ **DATE:** _____
(please print)

Please complete the following information:

University	Course #	Course Name	Term	Days of Week	Time	Delivery
						On-line or on-campus
						On-line or on-campus
						On-line or on-campus

APPROVALS:

_____   _____
Counselor Signature   **Principal Signature**

_____   _____
Parent/Guardian Signature   **CHS Advocate Signature**

Copies of approved applications should be distributed as follows:

- Student's cumulative record folder