



Concurrent Enrollment

Name _____ Date _____
ID _____ VA _____
Phone _____ Catalog Year _____
Degree _____ Major _____

Request permission for concurrent enrollment for:

SPRING SUMMER 1 SUMMER 2 FALL

I will be enrolled in the following courses at Texas A&M University - Central Texas:

Total Hours: _____

I will be enrolled in the following courses at: _____

Hours: _____

Total Overall Hours _____

APPROVED (Over 18 hours): _____ **Approved (over 21 hours):** _____

College Dean

Date

Registrar

Date

Provost (required if over 21 hours)

Date

Processed by/Date: _____

Please return to: Founder's Hall 108 or Fax: 254-519-5486 or Email: records@tamuct.edu

Registrar's Office | 1001 Leadership Place | Killeen, TX 76549 | (254) 501-5857