Columbus State University
Joint Enrollment Permission Form

Columbus State University requires each student interested in the Joint Enrollment to meet with his/her high school counselor prior to submitting an official application for admission. Student, parent/guardian and high school counselor must complete this permission form and return it as part of the joint enrollment admission process.

Student:

Print Name: ___________________________  Social Security Number: ___________________________

Name of High School: ___________________________  Grade Level: ____________

Semester: Fall  Spring  Summer  (Circle One)  Academic Year: 20 /20

Parent/Guardian:

I, ___________________________ authorize the release and exchange of information between Columbus State University and the high school counselor/principal. I agree to pay tuition for joint enrollment.

High School Counselor:

I, ___________________________ certify this student meets the minimum 3.0 GPA requirement for joint enrollment. This student has scored the minimum SAT 440 Critical Reading and 410 Math, with a combined SAT Total score of 970 and/or an ACT Composite score of 20 (minimum of 17 on both the Math and English subsections). This student is on track to graduate and will be able to meet necessary high school graduation requirements. This student possesses the level of maturity and motivation necessary to be successful in college level coursework and/or environment.

All signatures below give their consent for the student to be enrolled in the joint enrollment program at Columbus State University. Signatures also indicate student has met with high school counselor.

High School Counselor Signature  Date  Student Signature  Date

Parent/Guardian Signature  Date  Parent/Guardian Email Address

Revised 03/24