



Young Scholars OF BARTLESVILLE

LOWE FAMILY INSPIRED • COMMUNITY SUPPORTED

Student Request form for Concurrent Class Payment

Must be submitted at least 2 weeks before classes start.

Name: _____ Today's Date: _____

Class 1: _____ University: _____

Class Starts: _____

Class 2: _____ University: _____

Class Starts: _____

Current GPA: _____

Checklist for students:

- I have talked with my counselor about taking concurrent and have received his/her approval.
- I agree to pay university application fee (if applicable).
- I have taken the ACT and scored a minimum 19.
- I agree to release concurrent class grade/GPA information to Young Scholars of Bartlesville Staff.
- Class has been reviewed and is in alignment with College Degree Plan required classes. Include degree plan with this application.
- Young Scholars of Bartlesville office approved:

Executive Director _____

Student Signature: _____