



Admissions & Registration  
 901 N Colombo Ave.  
 Sierra Vista, AZ 85635-2317  
 Phone: 800-593-9567

FOR OFFICE USE	
TERM _____	
COPY FOR STUDENT	
SGASADD _____	SAIS/SPAIDEN _____
DATE & INITIALS _____	

## CONCURRENT ENROLLMENT FORM

- New students must complete the Admissions Application online at [www.cochise.edu/apply](http://www.cochise.edu/apply).
- Enrollment is limited to 14 credit hours. Students planning to take more than 14 credits at Cochise College must see a Cochise College advisor or counselor.
- Course prerequisites or placement score requirements must be met prior to registering for class(es).
- This one-time consent form signed by a parent or legal guardian must be on file prior to registration

<b>STUDENT INFORMATION</b>			
SSN _____	STUDENT C # _____	DOB _____	
NAME _____	<b>LAST</b>	<b>FIRST</b>	<b>MI</b>
PHONE _____	MIDDLE/HIGH SCHOOL _____	HS GRADUATION DATE _____	
STUDENT SAIS# _____			
Meet with your high school counselor if you plan to use Cochise College courses towards your high school graduation.			

<b>STUDENT INFORMATION</b>	
The college learning environment encourages critical thinking and promotes contrasting perspectives of the world. This environment is one of adult interaction where students will likely be exposed to concepts, lectures, and materials that are generally focused toward adults and adult audiences, including unrestricted internet access. I understand that no extra supervision is provided for minors before, during, or after class.	
Registration Information:	
<ul style="list-style-type: none"> <li>• Concurrently enrolled students establish a permanent college academic record that may be required by future colleges or universities.</li> <li>• All students are expected to be in compliance with all current published college policies, rules, and regulations.</li> </ul>	
I approve of my son/daughter taking courses at Cochise College. I understand that there are privacy restrictions on my student's records and I will be unable to obtain information or transcripts without their written consent. In consideration for Cochise College allowing my child to enroll and attend classes, I promise to pay tuition if my child fails to pay in a timely manner.	
<b>Parent/Guardian</b> _____	<b>Date</b> _____

I give my permission to Cochise College to release registration and grade information to my high school. In consideration for Cochise College allowing me to enroll and attend classes, I promise to pay the required tuition. I acknowledge that if I fail to pay tuition when requested, 1) I may be un-enrolled or otherwise dropped from the class; and 2) Cochise College may refuse to give me my transcripts, or forward to other institutions, including my high school or other colleges.

**Student** \_\_\_\_\_ **Date** \_\_\_\_\_