



COOPERATIVE ALLIANCE ENROLLMENT FORM

1801 East 4th Street, Okmulgee, OK 74447
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Attention High School Students: High school students who plan to request college credit for courses taught through an approved cooperative alliance agreement must complete this form and comply with the State Regents' policy requirements listed below (*"Guidelines for Approval of Cooperative Agreements Vocational-Technical Schools and Colleges"*). To receive college credit for approved technology center courses, high school students must:

1. Have an ACT score of at least a 19 **or** an ACT Plan score of at least a 15 **or** a high school GPA of at least 2.5.
2. Submit a signed Parent/Guardian Statement of Understanding.
3. Complete the same projects and examinations as adult students participating in the cooperative alliance agreement program.

For Office Use Only	
PROGRAM	
SECTION	
TERM	
FEE WAIVER	

PLEASE PRINT OR TYPE ALL INFORMATION. STUDENT MUST SIGN THE BOTTOM OF THIS FORM FOR THE APPLICATION TO BE VALID.

STATUS: High School Junior High School Senior Adult **NEW / RETURNING:** New Student Returning Student

LEGAL NAME: FIRST NAME	MIDDLE INITIAL	LAST NAME	STUDENT SS # OR OSUIT ID #

TERM IN WHICH YOU ARE ENROLLING _____ Year <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	TECHNOLOGY CENTER CAMPUS

TECHNOLOGY CENTER CAREER MAJOR	TECHNOLOGY CENTER INSTRUCTOR

PLEASE COMPLETE THE FOLLOWING IF YOU ARE A NEW STUDENT OR NEED TO CHANGE YOUR CONTACT INFORMATION.

PERMANENT MAILING ADDRESS ADDRESS: CITY, STATE, ZIP:	HOME/CELL PHONE (INCLUDE AREA CODE) HOME: () - CELL: () -
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COUNTY OF LEGAL RESIDENCE	STATE OF LEGAL RESIDENCE	EMAIL ADDRESS

CITIZENSHIP ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, LIST COUNTRY OF CITIZENSHIP AND ATTACH AFFIDAVIT OF INTENT.
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DATE OF BIRTH	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED
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RACE <input type="checkbox"/> AMERICAN INDIAN/ALASKAN TRIBE: _____ <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> BOTH <input type="checkbox"/> UNKNOWN <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK/AFRICAN AMERICAN <input type="checkbox"/> HAWAIIAN/PACIFIC ISLANDER <input type="checkbox"/> HISPANIC <input type="checkbox"/> WHITE <input type="checkbox"/> DECLINE/OTHER
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CURRENT HIGH SCHOOL	CITY	ANTICIPATED GRADUATION DATE

OSU INSTITUTE OF TECHNOLOGY COURSES TO ENROLL IN (PLEASE LIST OSUIT COURSE PREFIX, NUMBER & NAME)	

I certify the information provided on this form is true and correct to the best of my knowledge. I agree to comply with the rules, regulations and policies of OSU Institute of Technology. I request that I receive cooperatively earned college credit for my technical experiences at the technology center listed above and grant permission for my technology center and OSUIT to have access to my educational records.

Student: _____ **Signature**
Date: _____





Mark an X in the circle next to the college you wish to Co-Enroll.

Parent/Guardian Statement of Understanding College Credit for High School Students

Student Legal Name			Tulsa Tech Campus	Tulsa Tech Instructor
First	Middle	Last		
Grade Level			Term Enrolled	
Junior	Senior		_____Year <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	

As the student's parent/guardian, I understand that college credit for technical courses is available through Tulsa Community College, OSU Institute of Technology in Okmulgee and/or Rogers State University in Claremore for high school students enrolled in selected programs at Tulsa Tech. In order to be eligible for admission and to enrollment in these cooperative enrollment credit courses, I understand that high school students must:

- Have an ACT score in the 42nd percentile **OR** an ACT Plan score that predicts such student performance (Currently, ACT score of 19, ACT Plan score of 15) **OR** a high school grade point average of 2.5; **AND**;
- Have written support from the student's high school counselor/advisor; **AND**;
- Have written parent/guardian consent; **AND**;
- Once admitted, students must maintain a 2.0 average in their college level courses to remain in good standing and maintain college credit eligibility.

I understand the following items as they relate to college transcripts:

- College credit is granted by a participating college or university through a Cooperative Alliance Enrollment Agreement with Tulsa Tech.
- Final grades submitted by the Tulsa Tech instructor at the end of the college semester will become part of the permanent official college transcript at the chosen participating college.
- Credit transcript by a participating college or university may be eligible for transfer to other colleges.
- If a student does not pay the Cooperative Alliance fee of \$8.00 per credit hour by the deadline established by the participating college, credit may not be awarded and students will continue to owe the amount billed.
- Once a student is officially enrolled in a college course, the student must drop that course within the designated time frame in order for the grade not to show on the official transcript.

There will be an \$8 per college credit hour academic service fee assessed payable to the college/university. This does not apply to the general education courses available through participating colleges. The student will owe full tuition to the provider in these cases.

I realize that participating in this agreement is optional. I understand the \$8 per credit hour fee is due in full prior to the end of each semester in which my child is enrolled and that failure to pay this fee will result in a hold being placed on my child's academic records. My signature below indicates that I understand the above information and that I want my child to participate.

_____	_____	Date _____
Parent/Guardian Name (Print):	Parent Signature	
_____	_____	Date _____
Student Name (Print):	Student Signature	

-----For Office Use Only-----

I have reviewed the college application documents and this student meets the qualifications for enrollment into the Cooperative Enrollment Alliance. GPA _____ ACT Plan _____ ACT _____

Counselor/Advisor: _____ Date: _____

Signature _____





Mark an X in the circle next to the college you wish to Co-Enroll.

Adult Statement of Understanding

Student Legal Name			Tulsa Tech Campus	Tulsa Tech Instructor
First	Middle	Last		
Student Social Security			Term Enrolled	
			_____ Year <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	

I understand that college credit for technical courses is available through Cooperative Alliance enrollment in selected programs at Tulsa Tech. I understand the following items as they relate to college transcripts:

- College credit is granted by a participating college or university through a Cooperative Alliance Enrollment Agreement with Tulsa Tech
- Final grades submitted by the Tulsa Tech instructor at the end of the college semester will become part of the permanent official college transcript at the chosen participating college.
- Credit transcript by a participating college or university may be eligible for transfer to other colleges.
- If a student does not pay the Cooperative Alliance fee of \$8 per credit hour by the deadline established by the participating college, credit may not be awarded and students will continue to owe the amount billed.
- Once a student is officially enrolled in a college course, the student must drop that course within the designated time frame in order for the grade not to show on the official transcript.

There will be an \$8 per college credit hour academic service fee assessed payable to the college/university. This does not apply to the general education courses available through participating colleges. The student will owe full tuition to the provider in these cases.

I realize that participating in this agreement is optional. I understand the \$8 per credit hour fee is due in full prior to the end of each semester. Failure to pay this fee will result in a hold being placed on my academic records. My signature below indicates that I understand the above information and I want to participate.

Student Name (Print)

_____ Date _____

Student Signature

