



CONCURRENT / SECONDARY ENROLLMENT APPROVAL FORM

Please include a copy of the student's certification with this form.

1. TO BE COMPLETED BY THE STUDENT

Name _____ Chapter _____

VA File Number _____ Degree Major _____ Contact Phone # _____

HSU ID# _____ Email _____

I request approval to take the course(s) listed below at:

School _____ during: Semester Year

Course _____ Units _____ Course _____ Units _____

Course _____ Units _____ Course _____ Units _____

Course _____ Units _____ Course _____ Units _____

I understand that I must provide my Parent School with an official transcript from the Supplemental School within two semesters and authorize the release of such records.

Student Signature _____ Date _____

2. TO BE COMPLETED BY AUTHORIZED PERSON

THIS IS TO VERIFY that the course(s) listed above will be accepted towards the student's degree program at HSU upon receipt of an official transcript reflecting satisfactory completion.

Date _____

Primary (Parent) School Certifying Official's Signature _____

Date _____

Secondary School Certifying Official's Signature _____

Please Sign and return to HSU VETS