# Concurrent Enrollment Planning Form

| | | | | | |
|---|---|---|---|---|---|
| **High School** | | **School Year** | | | |
| **Completed by** | | **Title** | | **Date** | |
| **Contact Email** | | **Phone #** | | | |

**Return completed form to pseo@alextech.edu by April 1st.**

Please complete the information below for the concurrent enrollment course(s) being offered at your high school during the upcoming school year. List all course information on a separate line for each semester offered, each class hour it will be taught, and/or each high school instructor of the course.

| **Courses** (Refer to ATCC's list of Concurrent Enrollment course offerings) | **Class Days of the Week (M, T, W, H, F)** | **Class Start Date and Time** | **Class End Date and Time** | **High School Instructor (First and Last Name)** |
|---|---|---|---|---|
| ***Example:*** *ENGL 1420 - Composition II - 3 credits* | *M, T, W, H, F* | *September 2, 2025 9:15 AM* | *January 19, 2026 10:00 AM* | *Jane Doe* |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| | | | | |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |