



Please Submit Form To:
Jeremy L. Youmans
Director, International Programs
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479-619-2224

Reduced/Concurrent Enrollment Application

Name: _____ NWACC ID# _____

Semester Requested: _____ Preferred Hours of Enrollment: _____

Student Signature: _____ Date: _____

Please choose one of the following:

Student has difficulty with the English Language or reading requirements (FIRST TERM ONLY)

Unfamiliarity with American teaching methods (FIRST TERM ONLY)

Has been placed in an improper course level due to an Advising or Counseling

Student has an illness or medical condition which prevents him or her from carrying a full course of study. Must be certified by a medical doctor (M.D.), doctor of osteopathy (D.O.), or licensed clinical psychologist/psychiatrist (include license number below)

Student has verified through an official degree check that he/she needs _____ hours (FILL IN NUMBER) to complete the degree program. Student will complete the degree program no later than the end of this semester.

Concurrently enrolled at _____ for _____ credit hours.
(MUST TAKE 6 HOURS LIVE WITH NWACC AND ATTACH ENROLLMENT TO THIS FORM)

Comments: (Please attach additional sheet if needed)

Approved Denied

Academic Advisor/Medical Doctor Signature

Date

PDSO Signature

Date