

Wayland Baptist University
Admissions Office
1900 West 7th Street
Plainview, TX. 79072
806-291-3500 Fax 806-291-1973

Concurrent Enrollment Agreement

DATE: _____

STUDENT'S NAME: _____

SOCIAL SECURITY NUMBER: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: _____

HIGH SCHOOL: _____

EXPECTED GRADUATION DATE: _____

PARENT'S NAME _____

WBU COURSE PREFIX/NUMBER/TITLE

WBU COURSE PREFIX/NUMBER/TITLE

DAYS/TIME _____

DAYS/TIME _____

INSTRUCTOR _____

INSTRUCTOR _____

LOCATION _____

LOCATION _____

TUITION AND FEES:

There is NO application fee required for concurrent students.

TUITION: \$115.00 per class

COURSE FEE: _____

SIGNATURES:

1. STUDENT _____

2. PARENT _____

3. HIGH SCHOOL PRINCIPAL/DEAN/COUNSELOR _____

4. WBU ACADEMIC VICE PRESIDENT _____

5. WBU REGISTRAR _____