Concurrent Enrollment College Agreement

LAMAR COMMUNITY COLLEGE

Student: You have indicated that you are interested in taking a course at Lamar Community College. Persons under 21 years of age who are enrolled in the 9th – 12th grade in a public school district and who demonstrate academic preparedness are eligible for Concurrent Enrollment Programs. Concurrent Enrollment students earn both college and high school credit for the same course, and the school or school district pays the tuition. High school students who are retained for instructional purposes beyond the 12th grade may not enroll in more than nine college credits concurrently during the following year, unless they are enrolled in a transition program. To enroll in a course at an eligible postsecondary institution, a student must have completed the minimum course prerequisites and all required assessments.

SECTION A: To be completed by the Student (PLEASE PRINT)

Name: _____ Semester Fall 2026

Student ID # _____ SASID # _____

Address _____ City _____ State _____

Home Phone _____ Cell _____ Date of Birth _____

Graduation Year (check) ☐ 2025 ☐ 2026 ☐ 2027 ☐ 2028 Test(s) you have taken (Check): ☐ ACT ☐ Accuplacer ☐ SAT

High School _____ Name of Parent/Guardian

SECTION B: To be signed by the Student and the Student's Parent or Guardian

Attention Student and Parent or Guardian: Your signature below indicates that you wish the above-named student to participate in the Concurrent Enrollment Program and that you agree to the following:

1. The Student received advice and counsel about participating in the Concurrent Enrollment Program from their school.
2. The Student must apply for the College Opportunity Fund (COF) before enrolling in any Concurrent Enrollment Course. This can be done online by authorizing the college to apply on the student's behalf in the college's application for admission or at https://cof.college-assist.org/. The student or parent/guardian will receive a bill for the amount of COF if the COF stipend is not applied to the student's college account.
3. The Student authorizes use of their COF stipend for all eligible credits for the semester stated above and all future semesters. COF used during Concurrent Enrollment does not affect lifetime COF eligibility.
4. The Student must meet the same prerequisites and course expectations as all other college students in a course, as noted in the 2026-2027 catalog and the course syllabus.
5. The college grade received in each course will appear on the Student's official college and high school transcripts.
6. College course credits may transfer in congruence with Colorado GT Pathways or articulation agreements if the Student earns a "C" or better in the course.
7. If the Student seeks to add, drop or withdraw from a college course, they must meet with their High School counselor and notify the college Concurrent Enrollment staff.
8. If the Student withdraws from a course after the August 29, 2026 drop deadline, LCC will record a "W" or "F" on their college transcript. Withdrawal deadline is November 21, 2026.
9. The Student may not enroll in a course under the Concurrent Enrollment Program unless it fits with their Individual Career & Academic Plan (ICAP).
10. Only courses that apply toward earning a certificate or degree through an approved postsecondary career and technical education program, are approved by the department of higher education for transfer from a two-year institution to a four-year institution in satisfaction of prerequisite courses for a specific major, are approved for statewide transfer, or are developmental courses are covered under the Concurrent Enrollment Program.
11. The Student may not enroll in a course under the Concurrent Enrollment Program unless it is approved by the school or school district.
12. In compliance with the Family Educational Rights and Privacy Act (FERPA) of 1974, the Student gives _LCC_ permission to report absences and disciplinary issues, and to release grades, transcripts, in progress grades, class schedules, and billing information, as available, to the school and school district for the courses covered under the Concurrent Enrollment Program.
13. Students who otherwise receive accommodations under IDEA might not receive the same accommodations in concurrent enrollment courses. Students who wish to request disability accommodations as provided in the Americans with Disabilities Act of 1990 (ADA) are encouraged to contact the college's disability services office.
14. By signing this agreement, student and parent/guarding confirm that they have read and agree to the College Student Financial Responsibility Agreement at https://cdn.cccs.edu/students/Student-Financial-Responsibility-Agreement-English.pdf or https://cdn.cccs.edu/students/Student-Financial-Responsibility-Agreement-Espa%C3%B1ol.pdf. This acceptance of financial responsibility covers the period of registration (semester/year) agreed to on this form. Any unresolved balance of COF stipend, student fees, and/or tuition for classes not paid by the school or school district, along with applicable collection fees, will be the responsibility of the student and parent/guardian.

I understand and will abide by all of the statements in this Section B.

_____ _____ _____ _____

STUDENT SIGNATURE DATE PARENT/GUARDIAN SIGNATURE DATE

Deliver this form to your high school counselor. Section C on the next page will indicate which courses are available to you.
This agreement is for courses at LCC only.

Enrollment Checklist

LAMAR COMMUNITY COLLEGE

New Students must have the following to enroll as a student in a college class:

- ☐ Application
- ☐ COF Verification
- ☐ Qualifying ACT or Accuplacer Scores
- ☐ This Agreement and Registration Form completed with ALL Signatures

Returning Student must complete this form and have met all course pre-requisites to re-enroll as a Concurrent Enrollment Student.

SECTION C: Part 1 – Student Eligibility: To be completed by High School Counselor/Principal. Check all that apply.

- ☐ This student is under 21 years of age.
- ☐ This student is currently in the ☐ th grade.
- ☐ This student is continuing 12th grade.
- ☐
- ☐ The student's Accuplacer scores are attached.
- ☐ The student's ACT scores are attached.
- ☐ The student's transcript is attached.

HIGH SCHOOL COUNSELOR/PRINCIPAL SIGNATURE: _____ DATE _____

SECTION C: Part 2 – Course Selection: To be completed by Student and High School Counselor.

***ATTENTION HIGH SCHOOL COUNSELOR:** Your initials next to a course verify that the course is included in the Student's ICAP.

Verify SASID#_____

CRN#	SUBJECT	COURSE #	COURSE TITLE	CREDIT HOURS	COUNSELOR INITIALS

Section D: Part 1 – School District Approval

If signed by the Principal and the Superintendent or their designees, the School District agrees to pay the tuition for each course initialed above:

APPROVED BY PRINCIPAL/DESIGNEE SIGNATURE: _____ TITLE _____ DATE _____

APPROVED BY SUPERINTENDENT (OR DESIGNEE) SIGNATURE: _____ TITLE _____ DATE _____

Section D: Part 2 – College Approval

APPROVED BY _____ ADMINISTRATOR

SIGNATURE: _____ TITLE _____ DATE _____

LAMAR COMMUNITY COLLEGE

STUDENT FINANCIAL RESPONSIBILITY AGREEMENT

This Agreement is made by and between you and the State of Colorado, Department of Higher Education, for the use and benefit of the Colorado Community College System, including Arapahoe Community College, Community College of Aurora, Community College of Denver, Colorado Northwestern Community College, Front Range Community College, Lamar Community College, Morgan Community College, Northeastern Junior College, Otero College, Pueblo Community College, Pikes Peak State College, Red Rocks Community College, Trinidad State College, and the System Office, hereinafter collectively referred to as the "College".

I agree that at registration, all tuition, fees, and other associated costs will be added to my account, and I accept full responsibility to pay my account by the payment deadline

The College is able to accept payment on your student account by check, money order, and most major credit cards. Deferred payment plans and third party payer authorizations may also be available upon checking with the College. The College reserves the right to terminate a payment plan at any time and demand immediate payment. Payments made to your student account through the Office of Financial Aid will be applied by the State government, the Federal government, or the organization providing the funds. Any excess amount paid to your student account through the Office of Financial Aid will be automatically refunded to you.

I agree that my registration and acceptance of these terms constitutes a financial obligation agreement under federal law

My acceptance of the Student Financial Responsibility Agreement constitutes a promissory note agreement (i.e., a financial obligation in the form of an educational loan as defined by the U.S. Bankruptcy Code at 11 U.S.C. 523 (a) (8)) in which the College is providing me educational services and deferring some or all of my payment obligations for those services. All outstanding tuition account balances are also considered qualified educational loans subject to future repayment per United States Internal Revenue Code 221, and as such, my student account balance is generally exempt from discharge under the federal bankruptcy code, 11 USC (USC) § 523(a)(8). I understand this means my obligations are not dischargeable in Bankruptcy, except as otherwise provided by law.

I agree to regularly monitor my online student account for billing statements and keep my contact information up to date

I am responsible for keeping the College records up to date with my current physical address, email addresses, and phone numbers by notifying my College's Registrar's Office in writing. Upon leaving the College for any reason, it is my responsibility to provide the College with updated contact information for purposes of continued communication regarding any amounts that remain due and owing to the College. The College may also obtain updated contact information for me from other sources.

I give the College or its agents permission to contact me on any phone number or at any address I provide to the College (or any future phone number or address obtained by the College or its agents from outside sources) regarding my student account(s)/loan(s)

I authorize the College and its agents to use automated telephone dialing equipment, artificial or pre-recorded voice or text messages, and personal calls and emails, in their efforts to contact me. I understand that I may withdraw my consent to call my cellular phone by submitting my request in writing to the College or to the applicable contractor or agent contacting me on behalf of the College.

I agree that technical billing mistakes do not affect my responsibility to pay any amount due

I understand that if I believe there are errors or questions about my student account or I think my student account is inaccurate, I must notify the College immediately.

I agree to drop from a class by the College's deadline or be responsible for all costs associated with the class

I understand that if I do not officially drop from registered courses during the 100 percent tuition refund/credit period as established by my College, I will be responsible for paying the full tuition amount and any other applicable College fees, including, but not limited to room and board, based on the date that I officially withdraw.

I agree to pay any late fees, finance charges, internal/external collection fees, attorneys' fees, returned check fees or other late charges associated with any late payments or returned checks

If I fail to pay my student account balance each month by the scheduled due dates, the College will assess a late payment fee until the balance is paid in full. If a payment made to my student account is returned by the bank for any reason, I agree to repay the original amount of the payment plus the applicable returned check fee and other late charges. I understand that multiple returned payments and/or failure to comply with the terms of any payment plan or agreement I sign with the College may result in financial hold and/or financial suspension, which would prevent me from registering for future classes at the College.

I agree that failure to pay amounts due will result in a hold on my student account and prevent me from registering for classes, etc.

I understand and accept that if I fail to pay my student account bill or any money due and owed to the College by the scheduled due date, the following penalties apply at the discretion of the College:

1. Registration for future classes at the Colorado Community College System will not be allowed.
2. My past due account may be referred to the College for collection and the College may assess internal collection fees of up to 40% of the unpaid balance.
3. My past due account may be referred to a private collection agency and the delinquency may be reported to national credit bureaus.
4. If my account is referred to a private collection agency, I will be responsible for reimbursing the College for any and all collection agency costs, expenses, and fees, including reasonable attorney's fees, incurred in such collection efforts. I understand that any collections costs are charged in addition to the principal, fees and interest due on my student account.

I understand that the College, as a State institution, has the authority to intercept State income tax refunds due to me from the State of Colorado for debts owed to the State.

I agree to be bound by any changes to these payment terms as communicated to my student account

I understand that the College will provide notice of such change to me via my student portal and that I will have the opportunity to pay my account in full if I dispute any changes. I further understand that it is my responsibility to ensure that I am aware of any changes, including changes to any and all tuition and fees.

INSTRUCTIONAL FORMAT: During the academic year, some or all of the instructional formats may change due to an emergency situation affecting college operations, public safety, or public health, including a pandemic or other unforeseen circumstances. Tuition and fees are charged at the beginning of the semester and will remain in place regardless of any changes in instructional format. Tuition and fees will not be refunded in the event the curriculum delivery format changes for any part of the academic year.

Students under the age of 18 must complete this Student Financial Responsibility Agreement in paper form with the student and parent signature.

By signing, I hereby acknowledge that I have read and consent to the Student Financial Responsibility Agreement. I agree that I have carefully read this statement, fully understand it, and agree to be legally bound by it.

Student Name: S#:

Signature: Date:

If the above signatory is under 18 years of age, the parent or guardian must also complete the following:
I am the parent or guardian of the student listed above. I hereby acknowledge that I have read and consent to the Student Financial Responsibility Agreement on behalf of the student. I agree that I have carefully read this statement, fully understand it, and agree to be legally bound by it.

Parent/Guardian Name: Student S#:

Signature: Date:

Relationship to Student: