



GREEN BAY AREA  
PUBLIC SCHOOL DISTRICT  
All learning. All growing.

## 2016-17 Concurrent Enrollment Course (CEP) Re-Application

Student's Application is:  Approved  Denied

Date \_\_\_\_\_

Pending \_\_\_\_\_

*This form is to be used when re-applying for additional CEP coursework (if you took a CEP course in prior years and received a grade of C or above).*

### Please Print & Complete All Information

*New CEP Course(s)*

*Request:* \_\_\_\_\_

*Present School Year:* \_\_\_\_\_

**Student Name:** \_\_\_\_\_

*First*

*Middle Initial*

*Last*

**Current  
School:** \_\_\_\_\_

**Current  
Grade:** \_\_\_\_\_

**High School:** \_\_\_\_\_

**School ID Number** \_\_\_\_\_

*CEP Course Previously Taken:* \_\_\_\_\_

*Grade Received:* \_\_\_\_\_

*School Year Course was Taken:* \_\_\_\_\_

*CEP Course Previously Taken:* \_\_\_\_\_

*Grade Received:* \_\_\_\_\_

*School Year Course was Taken:* \_\_\_\_\_

*Note: After reviewing transcript information, additional teacher recommendations may be required before approval is given to enroll in the new CEP course(s) requested above.*

*I wish to enroll in the CEP Course(s) that I have identified above. I understand that there may be associated fees and I will be invoiced at the beginning of the school year. If I withdraw after the tenth day, I will still be responsible for paying the fees.*

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
*Date*

*Must be completed and submitted to the Student Services no later than March 1<sup>st</sup> to provide preference for CEP course.*