ASSOCIATE DEGREE OPTION
AGREEMENT

This agreement outlines the responsibilities of both the student and Boise State University regarding participation in the Concurrent Enrollment Program’s Associate Degree option.

By completing this form, students agree to comply with the guidelines below. In addition, Boise State University commits to assisting students with obtaining a Boise State Associate Degree upon satisfactory completion of degree requirements.

Student Name: ______________________________________________________

High School: ___________________ Projected Graduation Year: _____

To be eligible for the benefits of the Associate Degree option, I agree to:
• Get permission to participate in the program from my parent/guardian.
• Meet with my advisor at least once each school year to create/update my degree plan.
• Complete 60 credits of college-level courses required for an Associate Degree.
• Maintain at least a 3.0 cumulative GPA, and stay on track by remaining in good academic standing throughout my participation.
• Inform my Concurrent Enrollment advisor of any changes to my schedule.

As part of the Associate Degree option, Boise State University will:
• Provide an academic advisor to assist in developing a degree plan, choosing concurrent enrollment courses, and to connect the student with resources to successfully complete college-level courses while still in high school.
• Provide the opportunity for students participating in the Associate Degree option to take summer courses on the main campus or online for the reduced concurrent enrollment rate of $65 per credit.

I confirm that I meet the minimum eligibility requirements to participate in the Associate Degree option.

• Have a minimum cumulative GPA of at least 3.0 (on a 4.0 scale); Cumulative GPA: _______
• Have signed permission of my parent or guardian.
ASSOCIATE DEGREE OPTION AGREEMENT

For the Student

By signing below, the student agrees to the terms outlined in this document. In addition, the student acknowledges that grades for all concurrent enrollment and on-campus courses taken through Boise State will be reflected on an official Boise State University transcript.

For West Ada School District: Credits for courses taken on the Boise State University Campus or online will NOT apply toward high school graduation in West Ada School District unless appealed.

___________________________________________
Student Name (Please Print)  Student Signature

___________________________________________
Date

For the Parent/Guardian

By signing below, the parent or guardian acknowledges the above student's participation in the Boise State Concurrent Enrollment Associate Degree option. In addition, the parent/guardian acknowledges that grades for all concurrent enrollment and on-campus courses taken through Boise State will be reflected on an official Boise State University transcript.

For West Ada School District: Credits for courses taken on the Boise State University Campus or online will NOT apply toward high school graduation in West Ada School District unless appealed.

___________________________________________
Parent Name (Please Print)  Parent Signature

___________________________________________
Boise State Representative Name (Please Print)  Boise State Representative Signature

Please return this Agreement to Boise State Concurrent Enrollment:

Steven Jenkins, Assistant Director, Concurrent Enrollment
220 E. Parkcenter Blvd., Boise, ID 83706-3940
Phone: (208) 426-1723  •  Email: stevenjenkins@boisestate.edu