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## Expanding Your Horizons Concurrent Enrollment for High School Students Credit Form

Please print neatly.

Name \_\_\_\_\_  
First name
Middle initial
Last name

Address \_\_\_\_\_  
Street
Apt.

\_\_\_\_\_

City

State

Zip

Student ID Number G (or last four digits of SSN) \_\_\_\_\_

Today's date \_\_\_\_\_

Fill in the title of each workshop you attended and have this form signed by each of your workshop leaders.

	Workshop title	Workshop leader's signature
9:40		
11:10		
1:25		

To receive credit, you must turn in this completed form and your evaluation form at 3:00 P.M. at the Concurrent Enrollment table.

CRN# 45902	CRER 410	0.5 units
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