

**CONCURRENT ENROLLMENT FORM**

\_\_\_\_\_ J \_\_\_\_\_  
 Student's FULL Legal Name (First, MI and Last names) JSCC ID Number

We have received information indicating that you will be concurrently enrolled at Jackson State Community College and another institution during the period July 1, 2024 to June 30, 2025.

**NOTE: It is not permissible for JSCC or any other institution to pay a student federal funds simultaneously for the same period of enrollment without prior approval from both schools. Unauthorized payments may result in a repayment due to the Department of Education.**

**Please indicate below the number of hours for which you will enroll at each school and at which school you intend to receive financial aid.**

	# of hrs. in Fall 2024	Will you receive aid?	# of hrs. in Spring 2025	Will you receive aid?
Jackson State:	_____	_____	_____	_____
Other Institution:	_____	_____	_____	_____

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Additional Comments that would help us to understand your enrollment plans: \_\_\_\_\_  
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 \_\_\_\_\_  
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