

CO-ENROLLMENT PROGRAM COURSE APPROVAL

Full Name:

Liberty ID or Date of Birth:

Fall Semester:

Spring Semester:

(year)

(year)



CVCC Course Information (Class, Credit Hours, Schedule)

LIBERTY
UNIVERSITY

Course Name:

Course Number:

Preferred Day/Time:

By signing this form, I certify that the student indicated above is enrolled in a minimum of 6 credit hours at CVCC, the courses transfer from CVCC to Liberty University, and the courses meet both the requirements of the student's declared degree program at CVCC and the requirements outlined in the Co-Enrollment Articulation Agreement.

If the student has not yet done so, they should submit an application to Liberty University using this link, bit.ly/CVCC2LU, or by texting "CVCC" to 49596. Please note that students only need to apply once to enter the program, but if at any point they break enrollment (i.e., failure to attend any fall/spring semester), a new application will need to be completed. Please submit this signed form via email to coenroll@liberty.edu.

CVCC Advisor:

Date:

(signature)

CVCC Advisor:

(print)