

CO-ENROLLMENT PROGRAM COURSE APPROVAL

Full Name:

LUID / Date of Birth:

Year:

Fall

Spring



CVCC Course Information (Class, Credit Hours, Schedule)

Student must be enrolled in at least 6 credit hours with CVCC

LIBERTY
UNIVERSITY

Desired LU Course (*ex. COMS 101*)

Desired Days: Mon/Wed/Fri Tue/Thu

Desired Times: Morning Midday Afternoon

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. Full details of the CVCC-LU Co-Enrollment Program can be found at www.liberty.edu/cvcc.

If the student has not yet done so, he/she should submit an application to Liberty University by texting "CVCC" to 49596 or by using this link: bit.ly/CVCC2LU.

Please submit this signed form via email to coenroll@liberty.edu.

CVCC Advisor:

Date:

wet sign or verified e-sign

Student:

Date:

wet sign or verified e-sign

LU Advisor:

Date:

wet sign or verified e-sign