



# College Credit Plus Program Signature Page



**Instructions:** Please complete both the College Credit Plus Signature Page and Permission Slip. The Signature Page requires the signature of the student, the student’s parent or legal guardian and the student’s high school counselor. The Permission Slip requires the signature of the student and the student’s parent or legal guardian. Processing of the application will not be completed without all signatures.

**To be signed by student:** I have been apprised and understand all the options available to me under the College Credit Plus Program. I also understand that all grades earned as a result of taking coursework at The University of Akron will become a part of an education record that will be permanently maintained at this University. I also understand that my failure to complete courses may affect my high school graduation. I give permission for the exchange of education records between The University of Akron and my school district.

Printed Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Street Address \_\_\_\_\_ Last 4 Digits of SS# \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

**X Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
This must be signed in order for application to be complete.

**To be signed by parent (or legal guardian):** I fully understand all the options and ramifications involved with participation in this program. Furthermore, I understand that should my son/daughter fail, withdraw or stop attending any course that I will be financially responsible for all tuition, fees and costs associated with my child’s enrollment. I also give my permission for the exchange of education records between the University and my child’s school district. I understand that the rights afforded to me respecting The University of Akron education records of my child shall hereafter only be accorded to my child (as required by the Buckley Amendment).

Printed Name \_\_\_\_\_  
**X Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
This must be signed in order for application to be complete.

**To be signed and completed by the counselor:** I have fully advised this student and his/her parents of all the available options and ramifications involved in the College Credit Plus Program.

Printed Name \_\_\_\_\_ E-mail \_\_\_\_\_  
High School \_\_\_\_\_  
**X Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
This must be signed in order for application to be complete.

Please e-mail completed forms to: [admissions@uakron.edu](mailto:admissions@uakron.edu)

**Or mail to:** The University of Akron  
Office of Undergraduate Admissions  
Akron, OH 44325-2001  
330-972-7100 or 1-800-655-7100



PERMISSION SLIP

This permission slip must be completed and signed by the student and his or her parent or guardian in order for the student to enroll in college courses under the College Credit Plus program.

A student eligible to participate in College Credit Plus and admitted to a college or university will enroll in actual college courses, which may include "mature subject matter" as defined in Ohio Revised Code 3365.035.

PLEASE TYPE OR PRINT:

We \_\_\_\_\_ (Student Name) and \_\_\_\_\_ (Parent Name) hereby understand that by enrolling in College Credit Plus courses:

- Content may include mature subject matter that will not be modified based upon College Credit Plus enrollee participation regardless of where course instruction occurs; and
• State law requires this signed form be submitted in the student's application to the college or university following that college or university's instructions for submission of application materials.

The signatures below indicate permission is granted to participate in College Credit Plus. It is the parent's or guardian's responsibility to be aware of and monitor the student's enrollment based on information provided by the college.

Student Information - PLEASE TYPE OR PRINT:

Student Name: \_\_\_\_\_
Email Address: \_\_\_\_\_
Phone Number: \_\_\_\_\_
Name of High School (or homeschooled): \_\_\_\_\_

Parent Information - PLEASE TYPE OR PRINT:

Parent Name: \_\_\_\_\_
Email Address: \_\_\_\_\_
Phone Number: \_\_\_\_\_

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

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Akron, OH 44325-2001
330-972-7100 or 1-800-655-7100