

**College Credit Plus (CCP) Authorization to Attend**

*Complete this form with your school counselor. Form is required for your KSU advising appointment.*

Student Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Secondary School \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Kent State ID # 

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*Is this school a private (non-public) or home-school? \_\_\_\_\_  
If yes, an application for funding must be submitted by the required deadline and approved by the state to be CCP eligible for Option B funding which covers tuition and fees. Books and supplies are not included in Option B for non-public or homeschooled students.*

Check Term of Attendance  
 Fall 20 \_\_\_\_\_  
 Spring 20 \_\_\_\_\_

**Enrollment Information:**

Secondary School Counselor **ONLY:** List courses suggested to be taken at Kent State University for Fall/Spring semester. Indicate options should desired courses not be available.

The student is eligible for a minimum of \_\_\_\_ and a maximum of \_\_\_\_ college credit hours for the next academic year.

KSU Dept. and Course No. (ex. ENG 11011)	Course Title	KSU Credits	HS Required Subject Area	Option A/B	Approved Alternate
					A
					B
					C
					D
					E
					F
Additional Course Options for A-F					Letter

I certify that the student has permission to attend Kent State University for the following option:    A    B

\_\_\_\_\_  
Signature of Authorizing High School Guidance Counselor

\_\_\_\_\_  
Date

\_\_\_\_\_  
High School Guidance Counselor's E-mail

\_\_\_\_\_  
Counselor's Phone No.

**Financial Responsibility:** If the above named student registers under Option B and completes the course(s), no tuition or lab fees will be due. Books and required course-related materials will be provided for public school Option B students through the Kent State University Bookstore only. Should the student fail to complete one or more courses, the undersigned student and parent/guardian assume full financial responsibility for the cost of the course and course-related expenses.

Accepted by \_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**For Office Use Only**

\_\_\_\_\_  
Signature of Academic Advisor

**Copy to be sent to High School Counselor after final approval**