**Kent State University College Credit Plus Permission Form**

KENT STATE UNIVERSITY
College Credit Plus

| Legal Name Last | First | M.I. | Name of Middle/High School | Grade Level |
|---|---|---|---|---|
| | | | | |

| Address | City | State | Zip Code |
|---|---|---|---|
| | | | |

| Phone | Parent/Guardian Name |
|---|---|
| | |

**Parent/Legal Guardian consent for student to participate in College Credit Plus program**

If accepted, I hereby grant permission for my student to enroll in the College Credit Plus program at Kent State University. I understand:

- Completion of this consent form does not guarantee admission to the University or to a specific course(s). Students must first meet state remediation free standards. Then, students must provide a completed online application, middle/high school transcript, ACT/SAT/ACCUPLACER scores, and meet the admission criteria of the Kent State campus to which they apply and the campus(es) through which they take courses. Students must meet course placement requirements and prerequisites for ALL courses.
- Courses taken under Option B will become a part of the students' permanent college academic record, will be included on the high school transcript and calculated in the high school grade point average.
- If a student fails a course and/or withdraws at the point they would receive a "W", the school district may bill the family for the cost of attendance. Students who withdraw from a college course should consult with both their college academic advisor and their school counselor before doing so.
- CCP students will be in classes with other college students from a variety of ages and backgrounds and may be required to interact with classmates on group work and projects inside and outside of the classroom.
- The subject matter of the course(s) may include mature adult themes and materials and will not be modified based upon College Credit Plus student participation regardless of where the course instruction occurs (i.e., online, on college campus, at high school location).
- If the student has a documented disability, it is the student's responsibility to request necessary accommodations through the University's Student Accessibility Services (SAS) office in order to receive services deemed appropriate. Priority registration is not provided for CCP students registered with SAS. CCP students will register for classes after matriculated students.
- Students may not register for more hours than indicated by the school counselor/principal in alignment with state regulations. If the student registers for more than the allotted hours, they may be charged for the full cost of the course tuition, fees and books for the course(s) that cause them to exceed their allotted hours.

**Student Consent for Release of Information**

If accepted, I hereby grant permission to Kent State University to:

- Notify me, my parent/guardian, and my school district of my acceptance into the College Credit Plus program.
- Notify me, my parent/guardian, and school district of my course registration(s) under this program.
- Notify me, my parent/guardian, and my school district if I fail to complete one or more courses as a result of a formal withdrawal process or if I fail to attend classes regularly that are taken under this program; and
- Send any grades I receive in this program to my school district.
- In addition, I understand, in accordance with provisions of the law regarding the College Credit Plus Option B Program in which the State of Ohio Department of Education will reimburse the University for my college expenses, that if I fail to complete the course(s), whether through a formal withdrawal/exit process, failing grade, or nonattendance (other than reasons generally accepted by the school district or provided for under ORC 3365), or if a course(s) I take cause me to exceed the maximum yearly credit hours permitted under College Credit Plus, I may be responsible for reimbursement to my school district and/or the University for tuition, fees, books and materials. Students who do not complete the mandatory orientation or academic advising appointment will not be able to register until they have done so. If they fail to complete this requirement prior to the course add deadline they will be assessed a $100 late course registration fee to their bursar's account for which the student will be responsible.

By my signature, I attest to the fact that all information given on the online application is complete and correct and agree to the terms and statement included herein. Any intentional omission or falsification will result in denial of admission or immediate dismissal.

**Applicants and Parents/Guardians Must Sign Here**

| Applicant's Signature | Date | Parent/Guardian Signature | Date |
|---|---|---|---|
| | | | |

| Applicant's Printed Name | Parent/Guardian's Printed Name |
|---|---|
| | |

CollegeCredit PLUS

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: _____

**Submit completed form to transcripts@kent.edu**