

College Credit Plus ACT Residual Fee Waiver Form

Kent Campus

Legal Name	Last	First	M.I.	Name of Middle/High School	Grade Level
Address			City	State	Zip Code
Student Phone		Student Email		Parent/Guardian Name	
Semester of Enrollment (circle one):					
Summer 20__		Fall 20__		Spring 20__	

The Kent State University **Kent Campus** determines college readiness in part by using ACT or SAT scores. If you are interested in applying to a Kent State University Regional Campus, [contact the Regional Campus of your choice to find out more information on the Accuplacer examination.](#)

I, _____, affirm that I have never completed an ACT or SAT assessment by which I have been deemed eligible for College Credit Plus, nor have I completed an ACT or SAT assessment in the past year. Noncompliance is in violation of Ohio Revised Code 3365.03 (E) *The college to which a student applies to participate under this section shall pay for one assessment used to determine that student's eligibility under this section. However, notwithstanding anything to the contrary in Chapter 3365. of the Revised Code, any additional assessments used to determine the student's eligibility shall be the financial responsibility of the student.*

I, _____, understand that the ACT Residual test offered through Kent State University can only be reported to a Kent State office such as Undergraduate Admissions, Regional Campus Admissions, or Pre-College Programs (College Credit Plus). Students wishing to take the National ACT may [locate a testing center at multiple U.S. and international locations.](#) The cost of the National ACT is not covered by Kent State University and is the financial responsibility of the student.

By my signature, I attest to the fact that all information given on this form is complete and correct. Any intentional omission or falsification will result in a fee for the ACT Residual test on the student's Kent State University Student Account.

Applicants and Parents/Guardians Must Sign Here

Applicant's Signature	Date	Parent/Guardian Signature	Date
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This form must be received by the Office of Pre-College Programs (PCP) at least two (2) weeks prior to the set test date. For more information on ACT Residual test dates contact PCP.

Submit completed forms to:

Office of Pre-College Programs
Suite 169, Center for Undergraduate Excellence
975 University Esplanade
Kent, OH 44242
Email: ccp@kent.edu
Fax: 330-672-2073

Office Use Only			
KSU Student ID: _____			
ACAA has received:			
Online Application:	Yes	No	
Permission Form:	Yes	No	
MS or HS Transcript:	Yes	No	
Other Documentation:	Yes	No	N/A
Scheduled Test Date: _____			
Scheduled Test Date On: _____			