

Postsecondary Enrollment Options Programs

Signature Page

Please indicate under which of the following options you wish to enroll:

I elect to receive college credit only. Under this option, I am responsible for all costs associated with enrollment, including, but not limited to tuition and fees, textbooks, materials, supplies, etc. **(Option A)**

I elect to receive high school graduation credit and college credit. Tuition, fees, textbooks and materials are provided at public expense. If, after high school graduation, I enroll at The University of Akron, full credit will be awarded for courses successfully completed at The University of Akron. This option is only available to high school students who have the approval of their high school counselors. **(Option B)**

Instructions: This form requires the signature of the student, the student's parent or legal guardian and the student's high school guidance counselor. Processing of this application will not be completed without all three signatures.

To be signed by student: I have been apprised and understand all the options available to me under the Postsecondary Enrollment Options 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.

Print Name _____
Street Address _____
City/State/Zip _____
Phone _____ Social Security Nbr _____

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 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).

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 Postsecondary Enrollment Options Program.

X Signature

Date

_____.
This must be signed in order for application to be complete.

Please mail to: The University of Akron
 Office of Undergraduate Admissions
 Akron, OH 44325-2001
 (330) 972-7077
 (800) 655-4884

Are you applying to Wayne College?

If so, please mail to: Wayne College
 Office of Admissions
 1901 Smucker Road
 Orrville, OH 44667
 (330) 684-8900
 (800) 221-8308, ext. 8900