

PLEASE TYPE OR PRINT:

Or mail to:

The University of Akron

Akron, OH 44325-2001

Office of Undergraduate Admissions

330-972-7100 or 1-800-655-4884

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.

	(Student Name) and ng in College Credit Plus courses:	(Parent Name) hereby
•	ure subject matter that will not be mod ardless of where course instruction occ	
•	ned form be submitted in the student's niversity's instructions for submission of	application to the college or university of application materials.
_	cate permission is granted to participat y to be aware of and monitor the stude	e in College Credit Plus. It is the parent's ent's enrollment based on information
Student Information – PLE	ASE TYPE OR PRINT:	
Student Name:		
Email Address:		
Phone Number:		
Name of High School (or h	omeschooled):	
Parent Information – PLEA	SE TYPE OR PRINT:	
Parent Name:		
Email Address:		
Phone Number:		<u> </u>
Student Signature:		Date:
Parent Signature:		Date:
Please e-mail completed f	orms to: admissions@uakron edu	