

# COLLEGE CREDIT PLUS

## PARENT/GUARDIAN & SCHOOL AUTHORIZATION FORM

This form must be reviewed and signed by the student's Parent/Guardian and School Administrator in order to complete the student's application. The form can be electronically submitted during the **REQUIRED ONLINE CCP APPLICATION** or scanned and emailed to [ccplus@sinclair.edu](mailto:ccplus@sinclair.edu). The **REQUIRED ONLINE CCP APPLICATION** can be found at [www.Sinclair.edu/ccp](http://www.Sinclair.edu/ccp).

### STUDENT INFORMATION

Student's Last Name                      First                      MI                      SS#                      Date of Birth                      Gender

Address                      City                      State                      Zip                      Current Address Start Date  
(MM/YYYY)

Preferred Phone Number                      Preferred Email

School Name                      Anticipated Graduation Date (MM/YYYY)

### PARENT/GUARDIAN PERMISSION TO PARTICIPATE

Parent/Guardian Last Name                      First                      MI                      Relationship to Student

I give permission to my son/daughter to participate in the College Credit Plus (CCP) Program with Sinclair College. I have read the Pertinent information for Parents/Guardians and Students Participating in the College Credit Plus Program. I understand that FERPA Privacy restrictions limit my access to my student's college records and that if my son/daughter withdraws late or fails to successfully complete any course(s) I may be financially responsible for the tuition.

Parent/Guardian Signature                      Date

### SCHOOL INFORMATION

(Note: This section must be completed by a school principal, counselor, or other appropriate school official) **\*\*Required Field**

I have advised the student and his/her parents or legal guardian of their participation in the CCP program. I acknowledge that I have received the student's intent to participate form and have discussed with the student academic eligibility requirements and high school graduation requirements. **I certify that any test scores and GPA listed are valid and approve their application to be processed based on meeting the following requirements - (Please check on requirement.):**

\_\_\_\_\_ Student needs Accuplacer/ALEKS test                      \_\_\_\_\_ Student has qualifying Accuplacer/ALEKS Scores

Student has the following ACT/SAT Sub Scores: \_\_\_\_\_ in English \_\_\_\_\_ in Math / Test Date \_\_\_\_\_

**\*\*Student Current CUM GPA** \_\_\_\_\_ **\*\*Student SSID #** \_\_\_\_\_

**\*\*Please use the box below to Recommend or Not Recommend this student should their test scores be within the State of Ohio Standard Error of Measure (SEM) AND GPA is below 3.0.**

\*\*School Official Name (please print)                      Date

\*\*Signature                      School

**\*\*Academic Eligibility/ Standard Error of Measure- High School Recommendation**  
I give this student my recommendation to participate in College Credit Plus in the event that the student's test scores are within the State of Ohio Standard Error of Measure. (Please place initials next to desired response)  
\_\_\_\_\_ YES                      \_\_\_\_\_ NO