PERMISSION SLIP

This permission slip must be completed and signed by **stude**ent 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] $v \circ \mu \wedge u \circ \mu \Phi = v \mu = v \circ \mu$

may include mature subject matter that will not be modified based upon College Credit Plus

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	dZ •]Ρν šμOE • o}Á]ν] š ‰ OEu]••]}ν]•POE vš š} ‰ OEš]]‰ }OE Ρμ OE] v[•OE •‰}ν•]}](o]śsÇuš})v]š}OAÁ šODZ •šμ vš[• vOE}oou vš provided by the college.	

Student Informationt PLEASE TYPE OR PRINT:

Student Name:_____

Email Address:

Phone Number:______

Name of High School (or homeschooled):

Parent Informationt PLEASE TYPE OR PRINT:

Parent Name:

Email Address:

Phone Number:

Student Signature: Date:

Parent Signature: Date:

Please email completed forms to admissions@uakron.edu

Or mail to: TheUniversity of Akron Office of UndergraduateAdmissions Akron, OH 44325-2001 330-972-7100 or 1-800-65**6**-ô ô ð W > ^ ZDD Z dK ^h D/d zKhZ W ₩/W d/KE dW Zšš‰•WII •uX] ₽•])0 z } v X µI ‰ ‰ o ÇI