## College Credit Plus (CCP) Authorization to Attend

***Students must complete this form with their faculty advisor and high school guidance counselor. Once signed by both, the completed form should be turned into Brittany Jackson (JacksonB1@hiram.edu, Teachout Price, Fax: 330-569-6005) in order to receive their alternative pin to web register.***

Student Name: _____ High School: _____

School District of Residence: _____

Term of Attendance: ____ Summer _____ ____ Fall _____ ____ Spring _____

Date of Birth: _____

**Enrollment Information:**

**COMPLETE THIS SECTION WITH YOUR SECONDARY SCHOOL COUNSELOR:**

You have until after the withdrawal date for each term (please note that the withdrawal/drop date for our 12 week is different from our 8 week terms) from the start date of the course to withdraw without financial responsibility. You will receive a "W" on your permanent college transcript if you withdraw after the withdraw date.

| CRN | Subject | Course # | Section # | Title | Credit Hours | Days/Times |
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**Comments:**

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**Faculty Advisor Signature:**

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I certify that the student has permission to attend Hiram College under the College Credit Program (CCP). The above student is registered for _____ Carnegie units at the secondary school, and is eligible to take _____ credits at the college for these semester. NO more than the equivalent of 30 college credits for the summer, fall, and spring semester combined and 120 college credits maximum while participating in CCP. To determine the available college credits for the year, the formula is: 30 – (Carnegie units x 3) = available college credits.

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Signature of Authorizing High School Official | Email Address | Date

**Financial Responsibility:** If the above student fails to complete one or more courses successfully, the student/parent assume full financial responsibility for the course and related expenses to the secondary school. Non-public and home educated students are considered College Credit Plus for those courses for which they have received state funding. **I have read and understand the College Credit Plus Guidelines.**

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Signature of Parent or Legal Guardian | Print Name | Date

_____

Signature of Student | Print Name | Date