2017-18 College Credit Plus Registration Consent Form

(Valid for Summer 2017, Autumn 2017, & Spring 2018)

PLEASE PRINT

NOTE: This form must be completed and returned to Columbus State by the registration deadline for the semester for which you intend to begin (please refer to deadline sheet). You may scan and email to collegecreditplus@cscc.edu or send via postal mail to Columbus State Community College, 550 E. Spring Street, Columbus, OH 43215 ATTN: Dual Credit Office

Faxed documents will not be accepted. Electronic signatures will not be accepted.

Legal Name Last First M.I. Grade Level (2017-2018)

Cougar ID Number Phone Parent/Guardian Name

Address City State Zip

Name of Middle School/ High School High School Graduation Year

Parent/Legal Guardian Consent for Child to Participate in Dual Credit (College Credit Plus) Program

I hereby grant permission for my child to enroll in the Dual Credit (College Credit Plus) program at Columbus State Community College. I understand:

- Completion of this consent form does not guarantee admission to a specific program or course. Students must meet course placement and/or prerequisite for ALL courses.
- This is not a course registration form. This authorizes your student to register for Columbus State dual credit course(s). Registration for courses taken at the high school will be determined by registration forms submitted by the high school. Students taking courses on campus or online will register through their College Credit Plus advisor at Columbus State.
- Courses will become a part of student's permanent academic record and will be included on the high school transcript and calculated in the high school grade point average.
- Courses taken for high school graduation credit may impact student's ability to graduate high school.
- If student fails a course and/or withdraws after the 100% refund deadline, the school district may bill the family for the cost of attendance. A student may withdraw from a class prior to the course Withdrawal Date and receive a "W" on the college transcript, which will not affect the college GPA. Students who drop the college class should consult with their School Counselor and/or College Academic Advisor before doing so.
- Parents are not permitted to sit in on courses with students unless the parent is registered for the course as a paying student.
- If student is taking the course(s) on campus, student may be in class with adults who come from a variety of backgrounds, ages, and criminal histories.
  Student may be required to interact with classmates on group work and projects inside and outside of the classroom.
- The subject matter of the course may include mature themes and materials and will not be modified based upon College Credit Plus student participation.
- If the student has a documented disability, it is the student's responsibility to request necessary accommodations through the college's Office of Disability Services in order to receive services deemed appropriate for the student.
- Student may not register for more hours than indicated by the school counselor/principal, in alignment with state regulations. If student registers for more than allotted hours, the family will be billed by Columbus State Community College for all tuition and fees associated with those hours and/or courses.
- All communication regarding your student must be handled through the Dual Credit office and your child's school counselor, in compliance with the Family Educational Rights and Privacy Act (FERPA). Parents should never contact instructor(s) regarding student progress, attendance, assignments, etc.
- Student may be asked to complete a course evaluation at the end of course.

Student Consent to Release Information

I hereby authorize and consent to shared information/education records between CSCC representatives and parents and/or high school officials which may include but not be limited to records of attendance, participation, grades, academic transcripts, assignments, and academic and behavioral conduct as outlined in the college policy (http://www.cscc.edu/_resources/media/about/pdf/7-10.pdf). I also authorize my school district to release my SSID#, Maximum Credit Hours, and transcript to Columbus State.

Student Signature **Date**

Parent/Guardian Signature **Date**

MIDDLE/HIGH SCHOOL CONSENT (SIGNATURE REQUIRED)

School Counselor and/or Principal Signature **Date** **Student SSID number**