

STUDENT'S FULL NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

HIGH SCHOOL \_\_\_\_\_ NAME OF COUNSELOR \_\_\_\_\_

Please check which SEMESTER in which you are enrolling:

- Summer
- Fall
- Spring

**COURSE AND TIME/TERM REQUESTS:**

Course Prefix & Name	Section (if known)	CCP at TU Day & Time	CCP Online Term I or Term II	CCP at the High School ✓ Here	Prerequisite Met (Y/N)
<i>Example: ENG141, Rhetoric &amp; Introductory Research Writing</i>	<i>01</i>	<i>M, Th 8-9:15</i>			
<i>Example: ENG141, Rhetoric &amp; Introductory Research Writing</i>	<i>190</i>		<i>Term I</i>		

*PLEASE NOTE THAT STUDENTS WILL NOT BE SCHEDULED FOR ANY COURSES UNLESS THE SPECIFIC COURSES AND THE STUDENT'S REQUESTED DAYS AND TIMES/TERMS ARE LISTED ON THIS FORM (if the student is enrolling in an online course, Term I or Term II must be indicated).*

**This sheet should be returned to the Office of College Credit Plus at [ccp@tiffin.edu](mailto:ccp@tiffin.edu). When the schedule is released, a Course Selection Sheet will be sent to all CCP students with a copy of the schedule or instructions on how to access the schedule.**

By signing, the high school guidance counselor acknowledges that he/she has provided consultation for the above named student registration for CCP courses, helping the student to understand the requested Tiffin University courses are subject to availability and day/time changes, which may be reflected on the student's schedule. The consultation also includes consequences of failure to withdraw from a course by the provided "last day to drop" and other applicable CCP guidelines.

<b>For CCP Office Use Only:</b> ACT English _____ ACT Math _____ ACCUPLACER Math Exam _____ ACCUPLACER Writeplacer _____
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 \_\_\_\_\_  
 School Counselor Signature \_\_\_\_\_  
 Date

<b>For School Counselor: Payment Option</b> Option A: _____ Option B: _____ <b>Cumulative CCP GPA:</b> _____ (include all CCP coursework for all IHEs attended)
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