

**COURSE SELECTION SHEET**  
**TIFFIN UNIVERSITY**  
**POST-SECONDARY OPTIONS PROGRAM**

(To be completed each semester for all students.)

Term:                      \_\_\_\_\_ Fall Semester                      \_\_\_\_\_ Spring Semester

Student's Name: \_\_\_\_\_

Name of High School: \_\_\_\_\_

High School Phone Number: \_\_\_\_\_

Available Carnegie Units for this academic year: \_\_\_\_\_

(Number of credit granting periods in high school day minus number of Carnegie units taken at high school for this academic year only.)

Course Recommendations for the semester indicated above:

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\_\_\_\_\_  
Signature of Guidance Counselor/School Official

\_\_\_\_\_  
Date

**RETURN THIS FORM TO:**

Tiffin University  
Attn: Andrea Faber  
155 Miami Street  
Tiffin, Ohio 44883  
(419) 448-3375  
1-800-968-6446 ext. 3375  
(419) 443-5002 fax