

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 & Introductory Research Writing</i>	<i>01</i>	<i>M, Th 8-9:15</i>			
<i>Example: ENG141, Rhetoric & Introductory Research Writing</i>	<i>190</i>		<i>Term II</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. 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.

<p>For CCP Office Use Only:</p> <p>ACT English _____</p> <p>ACT Math _____</p> <p>ACCUPLACER Math Exam _____</p> <p>ACCUPLACER Writeplacer _____</p>

_____ Guidance Counselor

_____ Date