This permission slip must be completed and signed by the student and his or her parent or guardian in order for the student to enroll in college courses under the College Credit Plus program.

A student eligible to participate in College Credit Plus and admitted to a college or university will enroll in actual college courses, which may include “mature subject matter” as defined in Ohio Revised Code 3365.035.

Please type or print:

We ___________________________ (Student Name) and ___________________________ (Parent Name) hereby understand that by enrolling in College Credit Plus courses:

• Content may include mature subject matter that will not be modified based upon College Credit Plus enrollee participation regardless of where course instruction occurs; and

• State law requires this signed form be submitted in the student’s application to the college or university following that college or university’s instructions for submission of application materials.

The signatures below indicate permission is granted to participate in College Credit Plus. It is the parent’s or guardian’s responsibility to be aware of and monitor the student’s enrollment based on information provided by the college.

Student Information – Please type or print:

Student Name: ____________________________________________________________________________________________________________________________________________________________

Email Address: ____________________________________________________________________________________________________________________________________________________________

Phone Number: ____________________________________________________________________________________________________________________________________________________________

Name of High School (or homeschooled): __________________________________________________________________________________________________________________

Parent Information – Please type or print:

Parent Name: ____________________________________________________________________________________________________________________________________________________________

Email Address: ____________________________________________________________________________________________________________________________________________________________

Phone Number: ____________________________________________________________________________________________________________________________________________________________

Student Signature: ___________________________ Date: ______________________________________________________________________

Parent Signature: ___________________________ Date: ______________________________________________________________________

Print this form, complete it, and return it to the Office of Admissions. This can be done in one of the following ways:

1. Scan your completed form and email it to transcripts@onu.edu (preferred method)

2. Mail your completed form to the Office of Admissions, Ohio Northern University, 525 S. Main Street, Ada, Ohio 45810