

College Credit Plus Consent form

Effective Summer 2020, Autumn 2020, and Spring 2021

This form must be completed, signed, and returned to ccpadvicing@csc.edu prior to course registration. Note: Incomplete forms will not be processed

Name (First, Middle, Last) _____

Cougar ID number _____ Date of Birth _____

High School _____ Anticipated HS graduation year _____

I understand that:

1. Students are enrolling in college level courses. These courses become part of the student's permanent academic record, including both the high school and college transcripts and GPAs. Courses taken for high school graduation credit may impact a student's ability to graduate high school.
2. Students who fail and/or withdraw from course(s) after the 14th day of the semester may be billed by their school district for all tuition and fees associated with those courses. A student may withdraw from a class prior to the college's withdrawal date and receive a "W" on the college transcript, which will not affect the college GPA. Students who wish to drop a college class should consult with their school counselor and Columbus State Community College academic advisor before doing so.
3. Students may not register for more hours than indicated by the school counselor/principal, in alignment with State regulations. If a student registers for more hours than allotted, they will be considered self-pay and will be billed by Columbus State Community College for all tuition and fees associated with those courses. Unpaid balances may be referred to the Attorney General's office for collection.
4. Male students who turn 18 after completing an admissions application are required to provide the Selective Service number within 30 days of his 18th birthday to the Records and Registration Department. If he does not submit his Selective Service number, the student will be billed a surcharge equivalent to the nonresident tuition rates. This surcharge will be billed until the Selective Service number is provided.
5. Parents should never contact instructors regarding student progress, attendance, assignments, etc. All communication regarding the student must be handled through the College Credit Plus Office and/or the school counselor in accordance with the Family Education Rights and Privacy Act (FERPA).
6. Parents are not permitted to attend courses with students unless the parent is registered for the course as a paying student.
7. If the student is taking course(s) on a CSCC campus or Regional Learning Center, the student may be in class with adults who come from a variety of backgrounds, ages, and criminal histories. Students may be required to interact with classmates on group work/projects inside and outside the classroom.
8. Course subject matter may include mature themes and materials and will not be modified based upon College Credit Plus student participation.
9. 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.
10. Completion of this consent form does not guarantee admission to a specific program or course. To add courses, students must meet course placement and/or prerequisites and submit a registration form.

Student signature: _____ Date _____

Parent signature: _____ Date _____

School Official signature: _____ Date _____

PLEASEPRINT

College Credit Plus FERPA Consent Form

Columbus State Community College complies with The Family Educational Rights and Privacy Act (FERPA) and has strict policies and procedures in place governing student records. Unless an exception to FERPA applies, the College does not disclose student records or information to anyone (including a student's parents) *without the student's written consent.*

For more information you can view the Student Rights under FERPA that are published in the Columbus State College Catalog and the U.S. Department of Education's FERPA website. Please PRINT.

Legal Name: Last	First	MI	Cougar ID Number	
Phone	Address	City	State	Zip
Name of Middle School/ High School		High School Graduation Year		

Student Consent to Release Information

I hereby authorize and consent to the disclosure of my education records and information for the purpose of providing support related to my enrollment in the College Credit Plus Program between middle school, high school, or Columbus State Community College representatives or officials AND the parent(s)/guardian(s) named below. These education records and information may include but are not limited to **records of attendance, participation, grades, academic transcripts, assignments, and academic and behavioral conduct** as outlined in the College policy and procedure 7-10 (<https://www.csc.edu/about/policies-procedures.shtml>).

This consent expires when I am no longer enrolled in College Credit Plus program, and I may revoke consent at any time by sending a written request to the Columbus State Community College College Credit Plus Curriculum Office at the address listed below. I understand my middle school/high school district may release my SSID#, Maximum Credit Hours, and transcript to Columbus State.

Name of individual(s) authorized to receive FERPA records

First _____ Last _____ Relation _____

Email Address: _____ Phone Number: _____

First _____ Last _____ Relation _____

Email Address: _____ Phone Number: _____

First _____ Last _____ Relation _____

Email Address: _____ Phone Number: _____

A photo ID is required for the person(s), named above, to be presented in person, at the time of viewing and/or discussing the specific records as listed above.

PLEASE READ - THIS IS A WAIVER/RELEASE OF PRIVACY RIGHTS

I am giving this consent to disclose education records voluntarily and I understand the consequences of my giving this consent.

Student Signature Date

NOTE: This form must be completed and returned to Columbus State. You may scan and email to collegecreditplus@csc.edu or send via postal mail to Columbus State Community College, 550 E. Spring St. Columbus, OH 43215, ATTN: College Credit Plus Curriculum Office