THE UNIVERSITY OF TOLEDO

COLLEGE CREDIT PLUS CONSENT AND APPROVAL FORM

PARENT AND STUDENT CONSENT

The student named has permission to enroll at The University of Toledo as a College Credit Plus (CCP) student. Both the student and parent/guardian, in agreement with the student's school, recommend this action.

It is acknowledged that the student will attempt to earn collegiate credit, and that any grades earned will become part of the permanent college record. Please be aware that CCP students will be in classes with other college students and may be asked to participate in discussions of an adult or delicate nature. Course materials, discussions, assignments and exams will not be adapted or changed for minors in these classes.

An online application for the student is required, along with all supplemental materials (this form, transcripts and ACT, SAT or Accuplacer test scores). Supplemental materials must be sent by the school official from the school or its email address. Visit **utoledo.edu/admission/apply/now** to fill out the online application.

IMPORTANT — Any student who registers for courses in excess of the amount awarded and/or not approved by the University prior to registration will be responsible to pay for the course(s) that exceeded the amount of awarded hours. Non-public and home-school students must supply the state-assigned CCP identification number and show proof of hours awarded by the state. **Parent/guardian consents to pay CCP course related tuition and fees not approved/covered by the state and any applicable collection costs. In addition, the University of Toledo and its respective agents are authorized to contact me regarding the student account balance using automated dialing equipment, prerecorded voice or text messages.**

Student full name — please print _____ Email address _____

Student signature* _____ Date of birth _____ Student phone _____

Parent/guardian full name — please print _____

Parent/guardian signature* _____ Today's date _____

**Signatures required in blue or black pen ink*

SCHOOL OFFICIAL APPROVAL

Information in this box must be completed by your school counselor/CCP administrator.

Name of school St. Francis de Sales School

Academic year of participation 2025-26 Student graduation year _____ SSID* _____

New student ☐ Continuing student ☐ Last semester/year attended _____

Name and title of school official Annette Bockbrader, College Counselor

School official's email address abockbrader@sfsknights.org School official's phone number 419-214-5448

Signature of school official _____ Date 01/09/2025

Current grade level of the student _____ Will the student continue taking classes at your school? Y ☐ N ☐

Number of class periods offered daily in your school (excluding lunch) _____

Number of Carnegie units scheduled for the student _____

Cumulative GPA of the student _____

Standardized tests taken: ACT ☐ SAT ☐ Accuplacer ☐

NOTE: Please complete and submit along with a copy of the student's transcript and test scores to CCP Documents, Office of Undergraduate Admission, Mail Stop 306, 2801 W. Bancroft St., Toledo, OH 43606-3390, or via email to **admprocessing@utoledo.edu** with the student's name as the subject line. Materials must be sent from the school's street or email address.

*SSID is for public school students only.