



## COLLEGE CREDIT PLUS TRANSCRIPT REQUEST

NAME: \_\_\_\_\_

GRADE: \_\_\_\_\_

DATE: \_\_\_\_\_

Please send my transcript to the following CCP institution:

\_\_\_ Ashland University

\_\_\_ The University of Akron - Wayne College

\_\_\_ Ohio State ATI

\_\_\_ Stark State College

\_\_\_ OTHER: \_\_\_\_\_

Did you submit an application on the CCP institutions website?

Yes

No

Confirm that each of the items below are completed by checking each item. All items must be completed before your transcript can be sent.

\_\_\_ CCP Intent to Participate by April 1st

\_\_\_ Financial Counseling Form

\_\_\_ Mature Content Permission Slip

\_\_\_ Counseling Session for College Credit Plus Participation Form

STUDENT SIGNATURE: \_\_\_\_\_

Office Use

Date Transcript Sent:

Additional Info.: