

## CCP Authorization to Participate



APPLICANT NAME:					
	First	Middle		Last	1
schools I've attended to rele Carroll University will become and personally identifiable in	ed by the student: derstand all the options available ase all requested records and au ne part of my academic record a nformation concerning my finar nformation given in my applicati	uthorize review of my a nd will be permanently ncial and academic reco	oplication. I unde maintained at th ords can be releas	erstand that all grades e ne University. I understa ned to my school. Furth	earned in courses taken at Johr and that my academic records
Signature		Date			
I understand that John Carr	ed by the parent/legal guardia oll University is committed to ma licant I understand that an affirm	aintaining a safe enviro			
	r been convicted of a criminal of ? If you answer YES, please atta			n, or are such charges c	urrently pending against the
☐ Yes ☐	] No				
	nd ramifications of the College Comy child withdraw from or fail ar		ained to me, and	I fully understand ther	n. I further understand my
Signature		Date			
To be signed and comple	ted by the high school/middle	school counselor or p	orincipal:		
Student State ID/ODE Id (9 Character alphanume					
	ommitted to maintaining a safe n affirmative answer to the ques				
	been dismissed, suspended, or p f you answer YES, please attac			asons by any middle sc	hool, secondary high school,
☐ Yes ☐	] No				
	dent and his/her parents of all the academic background an				redit Plus program. It is my
Name	Title				
Signature	Date				
School	Email			Phone	
ACT High School Code	CCP Di	strict IRN			

Mail this completed CCP Authorization to Participate form to:

John Carroll University Office of Admission 1 John Carroll Boulevard University Heights, OH 44118

Upon admission the applicant will receive information regarding course registration and other details for classes. For more information visit <a href="http://go.jcu.edu/ccp">http://go.jcu.edu/ccp</a>.