

Em. Medical____
CSCC app. ____

Columbus State Community College

PERMISSION FORM FOR HIGH SCHOOL STUDENTS

Option C for 2009-10 (Autumn, Winter and Spring Quarters Only)

Name of Student _____

Social Security Number or Cougar ID _____

Address _____

(Street)

(City)

(State)

(Zip)

Home Telephone _____ / _____
(Area Code) (Number)

Date of Birth _____

High School _____ Expected graduation yr. _____

I authorize Columbus State Community College to discuss any information related to my application, admission status, and academic progress at Columbus State with my parent(s) or guardian(s) and high school personnel. I understand that Columbus State Community College is not responsible for the tuition, fees and book costs. I understand that I must follow all rules and procedures of Columbus State Community College.

Student's Signature _____ Date _____

Parent's printed name _____

Parent/Guardian's Signature _____ Date _____

I give my permission for the above named student to enroll as a self pay (Option C) at Columbus State Community College for the Autumn, Winter, and/or Spring Quarters during the 2009-10 academic year. In addition, please check who will be responsible for the tuition and fees:

Student and family

School or School District

Name of Principal
or Guidance Counselor

Signature of Principal or
Guidance Counselor

Date

Fax (614/287-6045), drop-off or mail a copy to:
Columbus State Community College, K-12 Initiatives, PO Box 1609, Columbus OH 43216