# Authorization to Participate <br> COMMONWEALTH UNIVERSITY <br> Early College Programs 

## 356 Arts \& Administration, 400 East 2 ${ }^{\text {nd }}$ Street, Bloomsburg, PA 17815 <br> Phone: (570) 389-2738 | earlycollege@commonwealthu.edu

Return this form signed to the Early College Programs office. This authorization indicates the information below is true and correct, and the student is eligible to enroll in courses. Completion of this form also allows our office to disclose course information and grades to school counselors and parents/guardians. Additional authorization forms may be required for Registrar and Student Billing Offices.

I affirm have read and understand the above, and hereby indicate my agreement:

Student's Name $\qquad$ Effective Academic Term $\qquad$

Campus Location: Bloomsburg / Lock Haven / Mansfield
Effective Academic Year $\qquad$
Student Signature $\qquad$ Date $\qquad$
School Counselor Signature: $\qquad$ School Counselor Name: $\qquad$

For School Counselor Use Only-This is Not a Course Request form! Official course selection will take place through the Early College office. Students will be scheduled after current Commonwealth University students had the opportunity to schedule. Enrollment is based on space availability.
$\square$ Courses will not be used as dual enrollment credits towards high school requirements.
$\qquad$ Number of courses this student can take


Commonwealth University does not discriminate on the basis of race, color, religion, sex, sexual orientation, gender identity, age, national origin, ancestry, disability, or veteran status in its programs and activities as required by Title IX of the Educational Amendments of 1972, the Americans with Disabilities Act of 1990, Section 504 of the Rehabilitation Act of 1973, Title VII of the Civil Rights Act of 1964, and other applicable statutes and University policies.

