

**Authorization to Participate**  
**COMMONWEALTH UNIVERSITY**  
**Early College Programs**

**356 Arts & Administration, 400 East 2<sup>nd</sup> Street, Bloomsburg, PA 17815**  
**Phone: (570) 389-2738 | [earlycollege@commonwealthu.edu](mailto: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: \_\_\_\_\_ Effective Academic Term \_\_\_\_\_

Campus Location: \_\_\_\_\_ Effective Academic Year \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

School Counselor Signature: \_\_\_\_\_ School Counselor Name: \_\_\_\_\_

*For School Counselor Use Only! Please indicate number of specific courses student needs to meet for HS requirements.*

Courses will not be used as dual enrollment credits towards high school requirements.

\_\_\_ Number of courses this student can take

<p>___ English</p> <p>___ Math</p> <p>___ Science</p> <p>___ Social Studies</p> <p>___ Electives</p>	<p>Notes regarding course requirements:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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