



University of Findlay College Credit Plus Readmit Form

Student Name _____ UF ID# _____

Mailing Address _____

Phone Number _____ Birthdate _____

Email Address _____

School Name _____ Current Grade _____ Graduation Year _____

What semester are you planning on returning?

Fall _____ Spring _____ Summer _____

I plan to take courses (select all that apply):

At my high school On UF's campus Online

I verify that the above information is accurate and that I have informed my home school of my intent to participate in College Credit Plus through the University of Findlay.

Student Signature _____ Date _____

The student named above is in good academic standing at the school and is making satisfactory progress towards graduating.

School Counselor Signature _____ Date _____