

Office of Advising & Academic Services

University Pavilion, 4th Floor

Cincinnati, OH 45221-0091

513-556-1068

Email: creditwhenitsdue@uc.edu

Student's Name

Student's Date of Birth

Community College of Previous Enrollment

Acceptance of Participation

By my signature below, I hereby elect to participate in the Ohio Credit When It's Due initiative, and I ask the State of Ohio community college/two-year institution named on this form at which I previously enrolled to award me the appropriate associate degree should that community college determine that I have completed the necessary academic requirements for that associate degree.

UC Official Transcript Release Authorization

As required by the Family Educational Rights and Privacy Act of 1974, as Amended (FERPA), by my signature below I hereby authorize the University of Cincinnati to release my UC official academic record transcript to the State of Ohio community college/two-year institution identified on this form.

Student's Signature

Date Signed