



## Permission for Work and Study Credit

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Student ID: \_\_\_\_\_ School: \_\_\_\_\_

Parent/Guardian  
Name: \_\_\_\_\_  
Parent/Guardian  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please select from the four reasons for cause below:***

I certify that my child, named above, works, and has taxes withdrawn from the paycheck and will finish 180 hours of work during the semester indicated below:

- \_\_\_\_\_ Fall
- \_\_\_\_\_ Spring

I understand that if my child does not provide paychecks totaling 180 hours earned during the above semester that my child will have a grade of Unsatisfactory or U placed on the transcript.

***School Only:***

Received Date: \_\_\_\_\_  
Counselor  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Next Steps:***

Scanned into SharePoint

Student can use the course as part of the academic load.