
Southern Ohio Youth Regents STEM & Foreign Language Academy

PERMISSION TO COMPLETE UNIVERSITY COURSE REGISTRATION

This purpose of this form is to allow the Southern Ohio Youth Regents STEM and Foreign Language Academy to complete a university registration form on behalf of student participants for the course(s) they will be taking during the summer and academic year. This will allow us to register student participants for their college courses in a timely manner. **Return the completed, signed form to the address below no later than May 24, 2010.**

STEM Academy Student Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ **Social Security No:** _____

I, _____, do hereby give permission for the Southern Ohio
Parent/Guardian **PRINTED** Name

Youth Regents STEM and Foreign Language Academy to complete University course registration

forms on behalf of my son/daughter _____
(Print name of STEM Academy student)

as long as they remain a participant of the program.

Parent/Guardian Signature

Date

Please return this form no later than May 24, 2010

Judy Meeker, Project Director
STEM & Foreign Language Academy
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FAX: 740.351.3598