

GEAR UP/College Day Program

Class Shadowing Student Permission Slip

Please complete the information below. Thank you for printing clearly.

Personal Information

Name (first): _____ (last): _____

Address: _____

Phone number: _____ Email address: _____

Educational Information

Please circle your school: North Star Gwinn

Please circle your grade level: Sophomore Junior

What would you like to major in at college? _____

Course you would like to attend

1. _____
2. _____
3. _____
4. _____

Will you need transportation to and from the NMU campus? Please circle one. yes no

Agreement

Student – By signing this application, I agree to abide by the GEAR UP Program and Northern Michigan University rules as a representative of my high school.

Student Signature

Date

Parent – By signing this application, I agree to allow my child to participate in this program.

Parent Signature

Date