

# COMMUNITY COLLEGE PARTNERSHIPS

## OPT-OUT FORM

If you currently receive or are interested in receiving financial aid, you are strongly encouraged to visit Student Financial Services at 120 North Foundation Hall, call (248) 370-2550 or email [finaid@oakland.edu](mailto:finaid@oakland.edu) before submitting this request to opt out of a community college partnership program.

### PLEASE COMPLETE A, B, C, D AND E.

**A.** I would like to opt out of the ☐ M20 ☐ Mott20  
☐ O20 ☐ SC20 community college partnership program.

I would like to opt out because \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**B.** ☐ I understand it is my responsibility to adjust or withdraw from courses that I do not plan to complete at Oakland University and/or the community college partner school.

**C.** Please update my status for the following semester (please indicate year):

Fall \_\_\_\_\_ (deadline July 1)

Winter \_\_\_\_\_ (deadline October 1)

Summer \_\_\_\_\_ (deadline April 1)

**D.** Name \_\_\_\_\_

Grizzly ID number \_\_\_\_\_ Community college ID number (if applicable) \_\_\_\_\_

Original semester of admission \_\_\_\_\_

Phone \_\_\_\_\_ Email address \_\_\_\_\_

Current major \_\_\_\_\_

**E.** I authorize Oakland University to release all of my education records and/or personal information, as those terms are defined by the Family Educational Rights and Privacy Act and its implementing regulations (collectively, "Education Records"), to the applicable partner school (Macomb Community College, Mott Community College, Oakland Community College or St. Clair County Community College) for the purpose of participating in the Community College Partnership Program between Oakland University and the partner school (the "program"). I also authorize the applicable partner school (Macomb Community College, Mott Community College, Oakland Community College or St. Clair County Community College) to release all of my education records to Oakland University for purposes of the program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### SEND COMPLETED FORM TO

Undergraduate Admissions  
101 North Foundation Hall  
2200 North Squirrel Road  
Rochester, MI 48309-4401

Questions? Call (800) OAK-UNIV or email [ccp@oakland.edu](mailto:ccp@oakland.edu).

[oakland.edu/ccp](http://oakland.edu/ccp)

#### FOR STAFF USE ONLY

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_

Notes \_\_\_\_\_

\_\_\_\_\_

Date Received: Admissions \_\_\_\_\_ Records \_\_\_\_\_

CCP Coordinator \_\_\_\_\_ Financial Aid \_\_\_\_\_