## POST-SECONDARY COUNSELING REQUIREMENT Rule 3301-44-03

| Date:   |                      | _                            |                  |
|---|----------------------|------------------------------|------------------|
| High School:  |                      | _                            |                  |
| Student Name:   |                      | _                            |                  |
| For the current school year, the stuperiods listed below:                 | udent is eligible to | participate in the number    | of instructional |
| First Semester  | OR                   | Fall Quar                    | ter              |
| Second Semester   |                      | Winter Qu                    | uarter           |
|   |                      | Spring Q                     | uarter           |
| TOTAL HOURS   |                      | TOTAL                        | HOURS            |
|   | Signature of         | Signature of School Official |                  |
| I have read and understand the rule regarding them. I accept and agree to |                      | ndary program. I have recei  | ived counseling  |
| Student's printed name  | St                   | udent's signature            |                  |
| Parent's signature (students under 18                                     | ) D                  | ate                          |                  |
| Counselor's signature   |                      |                              |                  |