



Office of Academic Agreements
 3201 Campus Drive
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Please indicate which Calendar you will use:

Oregon Tech Academic Calendar

Calculating Calendar

For Office Use Only

DATE RECEIVED _____

CRN _____

SECTION _____

ACP Class Roster

High School Instructor _____
 Course _____
 Phone _____

School _____
 Term/Year _____
 Email _____

	Print Student Name	Check all required signatures	Check/Cash/Grant attached to Application
Example	<i>Joe Smith</i>	√	<i>Grant</i>
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	Print Student Name	Check all required signatures	Check/Cash/Grant attached to Application
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