



College Credit Plus Application for Admission

1973 Edison Drive

Piqua, OH 45356

937-778-8600 DCC: 937-548-5546

Responding to items with an asterisk (*) is voluntary.

1. Last Name _____ First Name _____ Middle Name _____

2. Mailing Address (with apartment # and PO Box) _____

3. City _____ State _____ Zip Code _____ County _____

4. Telephone (H) _____ (C) _____

5. Social Security Number _____

6. Gender Female Male

7. Date of Birth _____

8. Ethnicity Background: Are you of Hispanic Origin? * Yes No If not, choose all that apply:*

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

9. Email Address (required) _____

10. Have you resided in Ohio for the last 12 consecutive months? Yes No

If not, in what state did you reside? _____

11. What year will you graduate from High School _____

12. Name of High School _____

13. While at Edison I plan to (choose one):

Earn credits to transfer without graduating

Earn an Associate's degree for the job market

Earn an Associate's degree for transfer

Earn a certificate

14. Person to notify in case of emergency _____

Relationship _____ Phone (Day) _____ (Evening) _____

15. Selective Service Registration: Under section 3345.32 of the Ohio Revised Code, if you are a male age 18 through 25, you are required to register for selective service to receive Ohio resident tuition subsidy. The College verifies selective service registration and assesses out-of-state fee charges to non-compliant students. You can register online at www.sss.gov.

Are you a male age 18 through 25? Yes No If yes, are you registered with selective service? Yes No

16. Did either of your parents complete a Bachelors degree? * Yes No Unknown

**Application and high school transcript must be presented at the time of testing.
Side two must be completed.**

Please read the following statements carefully:

I certify that the information on this application is correct. I agree that false information or omission of data may result in denial of admission and may lead to suspension or dismissal from the College if discovered after acceptance. I further agree that all transcripts and other documents submitted in support of my application become the property of the College. My acceptance into the program is contingent upon qualifying criteria as listed in the guidelines, and I will be notified of my acceptance upon review by the College. By signing and dating this application, I agree to abide by the policies and regulations of the College. I understand that I must submit a high school transcript with this application and that I am financially responsible for any unreturned books and materials obtained from the College bookstore. I also understand that CCP orientation is mandatory for new students. Failure to attend will cause me to be dropped from the program.

I give Edison State Community College permission to release information concerning my enrollment or grades in CCP to my high school guidance counselor, principal, the District Superintendent, and the State Superintendent of Public Instruction.

Signature of Applicant

Date

I, the undersigned, understand that under the provisions of the Family Educational Rights and Privacy Act (FERPA), as amended, my college records will not be released without my approval, except in those instances in which FERPA authorizes the release. I hereby authorize Edison State Community College to release academic and billing information to the person(s) named below:

Person(s) To Whom Information May Be Released:

Parent/Guardian 1 Name: _____ **Parent/Guardian 2 Name:** _____

I understand that by signing this release, I am waiving my rights of nondisclosure of these records under federal law only to the person(s) specifically listed. I further understand that I do not have to consent to this disclosure. This consent shall remain in effect until revoked by me by submitting a Revocation of Release form to Edison State Community College's Student Affairs Office. I understand that any revocation of authority hereunder would only govern subsequent releases and only be valid from the time of Student Affairs' actual receipt of the revocation.

Signature of Applicant

Date

I understand the responsibilities involved in participating in this program. I understand that if my daughter/son has chosen to participate in the CCP program, and if he/she withdraws (receives a "W"), receives a grade of "F", or chooses to repeat any class(es), I will be financially responsible for the cost of tuition, fees, and associated costs. I understand that my daughter/son is financially responsible for any unreturned books and materials obtained from the College bookstore.

I understand that the information afforded me by this release is protected and that it is provided upon the condition that I will not permit any other party access to this information without written consent of the student.

Signature of Parent/Guardian

Date

I have advised this student and his/her parents or legal guardian of all the available options and responsibilities involved in the CCP. I understand that the student's acceptance into the program is contingent upon verification of the student's qualifying criteria as listed in the guidelines. Other factors, such as GPA, end of course exams, and teacher approval may also be considered. I will provide a high school transcript to the student to submit with this application.

Student's current GPA is _____ **Student's SSID/UIN Number** _____

Signature of High School Counselor

Date

For Office Use Only:

NAE SHAP PERC CRI (Received App & Fee) SACP TSUM STMC

Student ID number _____ Date Entered _____ Your Initials _____