# Trailblazer Academy
# College Credit Plus Registration

Student Name _____ Phone Number _____

School District of Residence _____ Birth Date _____ /_____ /_____

Name of Secondary School _____ Is this school a private (non-public) or home school? _____

If yes, an application for funding must be submitted and approved by the State to be CCP eligible by the required deadline.

Have you moved to a new School District since last semester? _____

UIN/SSID Number | | | | | | | | | |

Check Term of Attendance:

- ☐ Summer 20__ __
- ☐ Fall 20__ __
- ☐ Spring 20__ __

**TO BE COMPLETED BY SECONDARY SCHOOL COUNSELOR ONLY:**

| OCU Course Format | Section / Period | Day | High School Requirement Subject Area | Check if CCP eligible | Check if Self pay | (For Office Use Only) Credit | CCP-SP | Approval (ex: 3 \| CCP \| initials) | Met with CCP Advisor |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

I certify that the student has permission to attend Ohio Christian University under the College Credit Plus Program (CCP). The above student is registered for _____ Carnegie units at the secondary school, and is eligible to take _____ credits at the college for this semester. No more than the equivalent of 30 college credits for the year and 120 college credits maximum while participating in CCP. To determine the available college credits for the year, the formula is: 30 - (Carnegie units x 3) = _____ available college credits.

Signature of Authorizing Secondary School Official | Email Address | Date

**Financial Responsibility:** If the above student fails to complete one or more courses successfully, the student/parent assumes full financial responsibility for the course and related expenses payable to the secondary school. If the student is in a non-public school, I understand that, should the state choose not to fund the student's participation, I will be responsible for payment of tuition, fees, books and materials required for each course.

Signature of Parent or Legal Guardian | Print Name | Date

Signature of Student | Date

**(For Office Use Only)**

Signature of Ohio Christian University CCP Counselor

Copy to be Sent to High School Counselor After Final Approval

Contact your OCU Academic Advisor to complete your registration at 740-420-5932.