



FOR OFFICE USE ONLY

College for High School Students

Indicate Entry Term/Year [] Summer [] Fall [] Spring

Legal Name Last First Middle

Mailing Address Number and Street Apt. # City State Zip County

Have you lived at your current home address for the last 12 months? Gender: Male Female

Table with 6 columns: STREET, CITY, STATE, COUNTY, FROM MM/DD/YY, TO MM/DD/YY. Row 1: RESIDENCY INFORMATION

Birth Date / / Social Security Number (optional)

Home Phone Cell Phone

Email Address

Citizenship [] U.S. Citizen [] Non-Citizen [] Permanent Resident

Country of Birth (if not U.S.) Country of Citizenship

Visa Type Issue Date Expiration Date Alien Reg Issue Date Expiration Date

Ethnicity [] Hispanic or Latino [] Not Hispanic or Latino

Race [] American Indian or Alaska Native [] White [] Black or African American [] Native Hawaiian or Pacific Islander [] Asian [] Other

Emergency Contact Information

Last Name First Name Relationship Phone

High School Information

High School Name District IRN

High School Address Street City State Zip

Phone Student HS ID Number Graduation Date

College Credit Plus Program

I understand that in accordance with provisions of law regarding College Credit Plus that if the course(s) are not completed successfully, I will be responsible for payment of tuition and fees to my high school. Further, I also understand that written permission must be obtained from the high school counselor or other authorized official before withdrawing from any course(s). If I am a student in a non-public school, I understand that, should the state choose not to fund my participation, I will be responsible for payment of tuition, fees, and materials required for each course.

Directory Information: Ohio Christian University has designated the following information as directory information and will disclose this information without prior written consent unless otherwise instructed by the student: student name, address (local and home), program of study (including college of enrollment, major and campus), enrollment status (full time, part time, withdrawn), dates of attendance, degrees, honors, and awards received. The following will be disclosed for members of athletic teams only: previous educational institutions attended, participation in officially recognized activities and sports, weight, and height. Students who wish to have this information kept confidential should contact the Enrollment Center.

By signing and dating this application, I certify that the information I have provided is complete and correct in every respect.

- I understand that falsifying any part of this application may result in cancellation of admission.
- I agree to abide by the policies, rules and regulations of Ohio Christian University.
- I will bear full responsibility for any consequences resulting from my failure to promptly report a new address or change in name.

Acknowledgement

This application and all supporting documents become the property of Ohio Christian University and will not be returned to you or forwarded to another institution.

I understand that Ohio Christian University will report grades and appropriate information to my high school counselor.

Signature of Parent or Guardian (Required)

Relationship to Student

Date

Signature of Student (Required)

Date

High School Acknowledgement

I acknowledge that the above student is applying to the College Credit Plus Program.

Comments: _____

Signature of Counselor or Authorizing Official (Required)

Date

Print Name and Title

Email

Telephone #

Final Steps

You may apply for admission to take classes via the following formats. Please select all that apply:

- OCU Main Campus
- Online through OCU
- In High School through OCU (if available)

Step 1: Please submit your high school transcript and ACT/SAT scores with this application to our Trailblazer Academy Admissions Coordinator

Step 2: If you have not taken the ACT/SAT you must complete the required assessment test in English, Math, and Reading in the Testing Center on OCU's main campus or a campus closer to you. The assessment tests must be completed before an admissions notification can be made.

Acceptance

The student is responsible for submitting all required information in a timely manner.

You will be notified of your next steps in writing.



Return Student Short Form

PERSONAL INFORMATION

I plan to attend: Fall 20____ Spring 20____ Summer 20____

First Name _____ Last Name _____

Please mark if no changes to personal information

Address _____

City _____ State/Zip _____

Email _____

Home Phone _____ Cell Phone _____

PARENT/GUARDIAN INFORMATION

Please mark if no changes to personal information

Name _____ Phone _____

Address _____ Parent Email _____

City _____ State/Zip _____

ADDITIONAL INFORMATION

High School _____ Address _____

Preferred Format:

- On Campus
- Online Only
- Both, On Campus & Online
- Other

OHIO RESIDENTS ONLY

All Ohio students who intend to use Ohio state funds for CCP:

- I have met with and received counseling from my high school guidance counselor _____
- I have signed the "Intent to Participate" form in order to receive Ohio state funding *name of counselor*
- I understand that to register I must contact my OCU Academic Advisor.

OHIO CHRISTIAN UNIVERSITY ADMISSIONS

1476 Lancaster Pike, Circleville, OH 43113
 Phone | 877-762-8669 Fax | 740-420-5921 Email | enroll@ohiochristian.edu
 www.ohiochristian.edu