

COLLEGE CREDIT PLUS (CC+)

Application for Admission

INNOVATION
ACADEMY

1973 Edison Drive • Piqua, OH 45356 • 937-778-8600 • DCC: 937-548-5546

Responding to items with an asterisk (*) is voluntary. Two-sided form. Both sides must be filled out.

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. Are you a new or returning student? New Returning (*I participated in PSEOP or Dual Enrollment in 2014.*)

6. Social Security Number: _____ 7. Gender: Female Male

8. Date of Birth: _____

9. Ethnicity Background: Are you of Hispanic Origin?* Yes No *Choose all that apply below:**
 American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

10. Email Address (required): _____

11. Have you resided in Ohio for the last 12 consecutive months? Yes No
If not, in what state did you reside? _____

12. What year will you graduate from High School: _____

13. Name of High School: _____

14. 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

15. Person to notify in case of emergency: _____
Relationship _____ Phone (Day) _____ (Evening) _____

16. 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

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



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Application for Admission *continued*

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Edison Community College requires the following signatures to process the application to the College Credit + (CC+) Program.

Please read the following statements carefully:

I certify that the information given on this application is complete and accurate to the best of my knowledge and that any misrepresentation of information on this form could render me subject to immediate dismissal from the College. I am also aware that all transcripts and other documents submitted to Edison Community College in support of my application become property of the College. I understand that 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. I understand that additional factors may be used to determine eligibility, such as my high school GPA, end of course exams, and teacher approval. 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.

I understand the options available to me under the CC+. I give Edison Community College permission to release information concerning my enrollment or grades in CC+ to my high school guidance counselor or principal, the District Superintendent, and the State Superintendent of Public Instruction. I understand that I am responsible for any unreturned books and materials for the class(es). I also understand that CC+ orientation is mandatory for new students. Failure to attend will cause me to be dropped from the program.

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 CC+ 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 all tuition, fees, and associated costs. I understand that my daughter/son is responsible for any unreturned books and materials for the class(es). I also understand that, under the Family Educational Rights and Privacy Act of 1974, information regarding my daughter/son will not be released to me without the written consent of my daughter/son.

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 CC+. 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: _____

Signature of High School Counselor: _____ Date: _____

If you have a disability and wish to discuss educational services available for you, please contact Student Services, Room 160, West Hall.

For Office Use Only:

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

Student Datatel ID number: _____ Date Entered: _____ Your Initials: _____

Must be submitted on testing day with high school transcript attached

