

Print clearly in blue or black ink. Return the application form, complete with all required signatures, along with an official high school transcript to: Defiance College - Office of Admissions/College Credit Plus Coordinator - 701 North Clinton St. - Defiance, OH 43512

PERSONAL INFORMATION

Name _____
First Middle Last

Address _____

City _____ State _____ Zip Code _____

Phone(_____) _____ E-Mail _____

Social Security Number _____ Date of Birth _____ Gender _____
(This social security number will be printed on student enrollment forms sent to the Ohio Department of Education.)

Ethnicity/Race (optional) _____

EDUCATIONAL HISTORY

High School _____ Expected Year of High School Graduation _____

Have you previously attended Defiance College? No Yes - DC ID# _____

Have you earned college credits through another college? No Yes (Name of college) _____

Please check the semester for which you are applying:

Summer 2017

Fall 2017

Spring 2018

Deadlines: May 1

August 15

December 1

APPLICATION PROCEDURES - submit to DC Admissions Office

1. Defiance College's CCP Program application signed by student, parent/guardian and high school guidance counselor;
2. an official high school transcript stating cumulative grade point average and class rank; official ACT or SAT scores from high school transcript or testing centers
3. a copy of the school district's "Intent to Participate in the CCP Program" form, completed by the student, parent/guardian and high school guidance counselor

CRITERIA FOR ELIGIBILITY -must meet both

1. Cumulative grade point average = 2.25 or higher
2. ACT composite = 18 or higher **or** SAT combined (Reading/Writing and Math) = 940 or higher

HIGH SCHOOL REPORT - to be completed by High School Guidance Counselor

I have attached the student’s official high school transcript to this application form. I verify that after _____ semesters, the student’s cumulative grade point average is _____ on a _____ point scale, and the student’s class rank is _____ in a class of _____.

High School credits student has scheduled at the high school for the year _____ x 3 = _____

Available H.S. credits minus scheduled H.S. credits (number from above) 30 - _____

College credits available under CCP for the academic year = _____

Name of Guidance Counselor (print)

Signature of Guidance Counselor

Date

PARENT OR GUARDIAN APPROVAL

I hereby certify that I approve my son/daughter/dependent to participate in the CCP Program at Defiance College.

Name of Parent/Guardian (print)

Signature of Parent/Guardian

Date

APPLICANT STATEMENT

I certify that the information given on this application is complete and accurate to the best of my knowledge, and that I have been counseled by my high school on the benefits and risks associated with the CCP Program. I understand that all transcripts and other documents submitted to Defiance College in support of my application become the property of Defiance College. I understand that any misrepresentation of information on this form could render me subject to immediate dismissal from Defiance College.

Signature of Applicant

Date

Defiance College admits students regardless of race, ethnicity, religion, national origin, sex/gender, gender identity/expression, sexual orientation, age, disability, genetic information, marital status, or veteran status.

COURSE SCHEDULING FORM

Student Name _____

Date _____

Please list the course name, course number, and time for each course in which you wish to enroll on this form. The course schedules can be accessed at www.defiance.edu/registrar/schedule-catalog. Click on Fall or Spring course schedule, click on "Course Schedule Report (Select Term)", enter the following for each term:

Summer 2017 Year "2016-2017" Term "Summer Session"
 Fall 2017 Year "2017-2018" Term "Fall Semester"
 Spring 2018 Year "2017-2018" Term "Spring Semester"

SUMMER 2017

Course #	Section	Credit Hrs	Class Days/Time
Example: CORE125	C	3	MWF 2-2:50 PM
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Summer Hours: _____

FALL 2017

Course #	Section	Credit Hrs	Class Days/Time
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Fall Hours: _____

SPRING 2018

Course #	Section	Credit Hrs	Class Days/Time
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Spring Hours: _____

College Credit Plus Adviser's signature _____