DEFIANCE COLLEGE



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

NameFirst	Middle	Last	
	Middle		
City	State	Zip Code	
Phone ()	E-Mail		
Social Security Number	Date o	of Birth Gender	
		ns sent to the Ohio Department of Education.)	
EDUCATIONAL HISTO		ar of High School Graduation	
High School	Expected Ye		
High SchoolHave you previously atten	Expected Ye ded Defiance College? ☐No	ar of High School Graduation Yes - DC ID# No □ Yes (Name of college)	
High School Have you previously attendate you earned college of	Expected Ye ded Defiance College? ☐No credits through another college? for which you are applying:	□Yes - DC ID#	

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:

- 1. Cumulative grade point average = 2.4 or higher
- 2. Submission of official high school transcript

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 yearx 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.

Revised: January 2024





COURSE SCHEDULING FORM

tudent Name: Student D			Student Date	ate of Birth:	
				n you wish to enroll on this form ourse_Listing.jnz. Click on click	
			following for each term		
Summer 2024	Year "	2024-2025	Term "Summer Sem	ester"	
		2024-2025"	Term "Fall Semester"		
		2024-2025"	Term "Spring Semester"		
and fall 2020 classes in Your high school count our courses meet your	n mid-March. selor's signat high school g	Schedules of clas. ure is required as traduation require	ses will be available sho Defiance College is not	nd registers students for summer ortly before registration opens. responsible for verifying that tudents must meet the pre- ourses selected below.	
SUMMER 2024					
Course # Example: ENGL 125	Section C	Credit Hrs. 3	Class Days/Time MWF 2-2:50 PM		
				Total Summer Hours:	
FALL 2024					
Course #	Section	Credit Hrs.	Class Days/Time		
					
				Total Fall Hours:	
SPRING 2025					
Course #	Section	Credit Hrs.	Class Days/Time		
					
				Total Spring Hours:	
Student signature:				Date:	
High School Counselo	r sionature			Date:	