



## 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

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