



Trailblazer Academy

POST SECONDARY STUDIES AT OHIO CHRISTIAN UNIVERSITY

Please complete all portions of the application, using "N/A" for fields which do not apply. For help with this form or to check the status of your application, please call 877-762-8669 to speak with an Admissions Counselor. An official high school transcript and recommendation letter from the high school Guidance Counselor is required for acceptance.

PERSONAL INFORMATION

First Name _____ Last Name _____

Middle Name _____ Preferred Name _____

Address _____

City _____ State/Zip _____

Email _____ @ _____

Home Phone () _____ Cell Phone () _____

Social Security # _____ Date of Birth / /
mo. day yyyy

PARENT/GUARDIAN INFORMATION

Name _____ Phone _____

Address same as student _____

City _____ State/Zip _____

Signature _____ Date / /
mo. day yyyy

ADDITIONAL INFORMATION

High School _____ Graduation Year _____

Guidance Counselor _____ Phone _____

Address _____

City _____ State/Zip _____

OFFICE USE ONLY

Course Number	Course Title	Hours	Credits/Audit

Approval _____ Date / /
mo. day yyyy

Ohio Christian University Admissions
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