



FOR OFFICE USE ONLY

College for High School Students

Indicate Entry Term/Year Fall (August) _____ Spring (January) _____
Year Year

Legal Name _____
Last First Middle

Mailing Address _____
Number and Street Apt. # City State Zip County

Have you lived at your current home address for the last 12 months? Yes No Gender: Male Female
 If "no", please list all home addresses within the past 12 months:

RESIDENCY INFORMATION	STREET	CITY	STATE	COUNTY	FROM MM/DD/YY	TO MM/DD/YY

Birth Date ____ / ____ / ____ Social Security Number --
(optional)

Home Phone _____ Cell Phone _____

Email Address _____

Citizenship U.S. Citizen Non-Citizen Permanent Resident

Country of Birth _____ (if not U.S.) Country of Citizenship _____

Visa Type _____ Issue Date _____ Expiration Date _____
 Alien Reg _____ Issue Date _____ Expiration Date _____

Ethnicity Hispanic or Latino Not Hispanic or Latino

Race American Indian or Alaska Native [NAM] White [WHT] Black or African American [BLK]
 Native Hawaiian or Pacific Islander [PAC] Asian [ASN] Other [OTR] _____

Emergency Contact Information

Last Name _____ First Name _____
 Relationship _____ Phone _____

High School Information

Student HS ID Number _____
 Graduation Date _____

OCU Dual Enrollment

I understand that in accordance with provisions of law regarding dual enrollment through OCU that regardless of whether or not the course(s) are completed successfully, I will be responsible for payment of tuition and fees to my high school. Further, I also understand that written permission must be obtained from the high school counselor or other authorized official before withdrawing from any course(s). I understand that I will be responsible for payment of tuition, fees, books and materials required for each course.

Directory Information: Ohio Christian University has designated the following information as directory information and will disclose this information without prior written consent unless otherwise instructed by the student: student name, address (local and home), program of study (including college of enrollment, major and campus), enrollment status (full time, part time, withdrawn), dates of attendance, degrees, honors, and awards received. The following will be disclosed for members of athletic teams only: previous educational institutions attended, participation in officially recognized activities and sports, weight, and height. Students who wish to have this information kept confidential should contact the Enrollment Center.

By signing and dating this application, I certify that the information I have provided is complete and correct in every respect.

- I understand that falsifying any part of this application may result in cancellation of admission.
- I agree to abide by the policies, rules and regulations of Ohio Christian University.
- I will bear full responsibility for any consequences resulting from my failure to promptly report a new address or change in name.

Acknowledgement

This application becomes the property of Ohio Christian University and will not be returned to you or forwarded to another institution.

I understand that Ohio Christian University will report grades and appropriate information to my high school counselor.

Signature of Parent or Guardian (Required)

Relationship to Student

Date

Signature of Student (Required)

Date

High School Acknowledgement

I acknowledge that the above student is applying for dual enrollment through Ohio Christian University.

Comments: _____

Signature of Counselor or Authorizing Official (Required)

Email

Date

Print Name and Title

Telephone #

Final Steps

Instruction will take place online through OCU.

Please submit this completed application to your school guidance counselor to officially submit to Ohio Christian University.

Acceptance

The student is responsible for submitting all required information in a timely manner.

You will be notified of your next steps in writing.

