



# College Credit Plus Program

## ENROLLMENT APPLICATION

Application Deadlines: Fall – May 1

Spring – November 1

Personal and Contact Information

Semester/year you will enroll:  Fall  Spring  Summer Year: \_\_\_\_\_ Main  Dayton Location  Online

\_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_  
Previous Names (Other Name(s) Under which your transcripts might appear)

Gender:  Male  Female Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ SSID/UIN \_\_\_\_\_

**Permanent Address**

\_\_\_\_\_  
Street Address Unit Number City/County State Zip Code

*(If different than permanent address)*

**Mailing Address**

\_\_\_\_\_  
Street Address Unit Number City/County State Zip Code

\_\_\_\_\_  
Phone Number Mobile Y/N  
Text Messages Allowed

\_\_\_\_\_  
Alternative Number Mobile Y/N  
Text Messages Allowed

\_\_\_\_\_  
Email Address Date of Birth

Citizenship:  U.S. Citizen  Permanent Resident (provide copy of form I-551) Other \_\_\_\_\_

**Ethnicity (Select all that apply) (This information is optional and will not be used for admittance or discriminatory purposes.)**

Black or African American  Caucasian  Hispanic/Latino  
 American Indian/Alaskan Native  Native Hawaiian/Other Pacific Islander  Asian  
 Other \_\_\_\_\_

Have you resided in Ohio consecutively for the past 12 months?  Yes  No

# SCHOOL INFORMATION

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Expected Graduation Date

\_\_\_\_\_  
School Address

## SCHOOL OFFICIALS

I recommend \_\_\_\_\_ for the CC+ Program at Central State University. I certify that the student is in good standing and will be eligible to take the college-level courses that he/she is requesting.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Position

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Position

## PARENT OR GUARDIAN

I grant my permission for my son/daughter to enroll as a CC+ student at Central State University.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

## STUDENT

Courses in which I wish to be enrolled (See list of courses):

(1) \_\_\_\_\_ (2) \_\_\_\_\_

Semester of Enrollment: \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Year:

I understand that I must meet the CC+ eligibility guidelines as determined by the CC+ Program.

Signature of Student \_\_\_\_\_ Date: \_\_\_\_\_

## DOCUMENT CHECKLIST

- College Credit Plus Enrollment Application
- Official School Transcript
- ACT/SAT Test Scores

The information given on this application is complete and accurate to the best of my knowledge. **I understand that I am responsible for updating my application if the information provided changes.** I understand that misrepresentation of facts on this application will be cause for refusal of admission, cancellation of admission, or dismissal from the university. The University reserves the right to revoke any degree or diploma that it may have awarded in reliance on information contained in the application for admission if this information was a fraudulent misrepresentation of fact.

I further agree that the university has my consent to notify my parents or legal guardian, my school district, and the state superintendent of public instruction of my enrollment and grades in courses at Central State University.

By signing this application, I agree to abide by the policies and regulations of the University and the College Credit Plus program. I understand this application will not be processed until I have signed below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please send completed application form and supporting documents to the Office of Admissions. Care of Mr. Stephen William. 1400 Brush Row Rd. Wilberforce, OH 45385 or Fax to (937) 376-6083 or email admissions@centralstate.edu.