



# { College Credit Plus Application }

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## Personal Information *(please print clearly)*

Social Security Number *(Required. Once application is submitted you will be assigned a student ID number to be used in future records)*

Last Name

First Name

Middle Name

Mailing Address

City

State

Zip Code

Home Phone (including area code)

Cell Phone (including area code)

E-Mail

Birthdate

Gender: Male  Female

## Citizenship

I am a U.S. Citizen:  Yes  No If no, do you have a permanent visa?  Yes  No (If yes, please provide a copy.)

## Residency Status *(Mark one.)*

- I am an Ohio resident and HAVE lived in Ohio the last 12 consecutive months
- I am an Ohio resident but HAVE NOT lived in Ohio the last 12 consecutive months
- I am NOT an Ohio resident and have not lived in Ohio the last 12 consecutive months
- I am NOT an Ohio resident but have lived in Ohio the last 12 consecutive months

State of legal residency *(Required)*: \_\_\_\_\_

## Ethnicity and Race *(This information is voluntary and is used for statistical purposes only.)*

Do you consider yourself to be Hispanic/Latino  Yes  No

In addition, select one or more of the following racial categories to describe yourself:

American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or Pacific Islander  White

# Hocking College CC Plus Application

## Enrollment Information

### Applying for classes that will start:

- Autumn (August) 20 \_\_\_\_\_
- Spring (January) 20 \_\_\_\_\_
- Summer (May) 20 \_\_\_\_\_

## Educational Background

### High School/Secondary Schools Attended

Name of High School	City	State	Grad Yr
Name of Career Center/Joint Vocational School	City	State	Grad Yr
College/University Name ( <i>if applicable</i> )	City	State	From _____ To _____ Date of Attendance

If you have earned credits at Hocking College or a previous institution, please inform your Hocking College CC Plus advisor and we may have your credits evaluated. You will need to provide an official copy of your transcripts for schools other than Hocking College for advanced credit review.

## Principal / Counselor Verification

**This section must be completed by the principal or counselor at the home high school.**

I have advised this student and his/her parent/guardian of the options and conditions for enrollment in Hocking College dual enrollment programs and have verified that the student has submitted the Intent to Participate in College Credit Plus form by April 1 or has been approved by the school district as an exception.

The listed student is eligible to take \_\_\_\_\_ credits per semester and \_\_\_\_\_ credits per year.

\_\_\_\_\_  
Signature of Principal/Counselor

\_\_\_\_\_  
Date

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## Student Authorization

I understand that in accordance with provisions of law regarding College Credit Plus that if the course(s) are not completed successfully, I may 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). If I am a student in a non-public school, I understand that, should the state choose not to fund my participation, I may be responsible for payment of tuition, fees, books and materials required for each course.

**Directory Information:** Hocking College 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, 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 College Credit Plus Office, Hocking College, Main Campus, JL 185.

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 Hocking College.
- I will bear full responsibility for any consequences resulting from my failure to promptly report a new address or change in name.

This application and all supporting documents become the property of Hocking College and will not be returned to you or forwarded to another institution.

I understand that Hocking College will report grades and appropriate information to my high school counselor.

Finally, I give permission to Hocking College to release information to parents/guardians, home high school officials and the Ohio Department of Education as required.

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Student Signature

Date

Emergency Contact *(In case of an emergency, the following individual is legally authorized to make decisions on my behalf.)*

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Name

Phone (including area code)

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## Contact Information

Questions regarding admission to the Hocking College College Credit Plus program should be directed to:

**Hocking College**  
**Director of College Credit Plus**  
**Katie Walters**  
**3301 Hocking Parkway**  
**Nelsonville, Ohio 45764**  
**Phone: 740.753.6083 E-mail: [waltersk32910@hocking.edu](mailto:waltersk32910@hocking.edu)**

## College Credit Plus Terms and Conditions

**If you fail the class or drop it too late, you may have to pay for it.** Classes failed or withdrawn with an "F" will receive an "F" on the high school and college transcripts and will be computed into the high school and college GPA. If you do not receive a passing grade, the district may, in some instances, seek reimbursement for the amount of state funds paid to the college on your behalf for that college course. The school district may withhold grades and credits received for high school courses taken until reimbursement has been made.

