



# Lorain County Community College



College Credit Plus (CCP) is a popular choice for students – and for good reason. This program allows students to earn college credits while in high school, all for free. Under this program, students enroll in courses at LCCC and receive dual credit for high school requirements and for college credit. These credits may be used at LCCC or for transfer to the college or university of choice after high school graduation. Even books and other fees are covered for students.

### Application for Participation Procedures

Students wishing to participate in College Credit Plus or Credit In Escrow are required to complete the following steps.

1. The application information including Student Section, Emergency Contact Information, Student Participation Form, and Permission Slip.
2. Official high school transcripts (or equivalent for home-educated students, or report card for middle school students), need to be received by LCCC prior to enrollment in college courses. Students should request that the high school submit their transcript with their application.
3. Students may submit their application to either their high school counselor or the completed application and transcript may be mailed directly to the LCCC Special Admissions Office, 1005 North Abbe Road, Room LC157, Elyria, OH 44035.
4. Students must complete the Accuplacer/ALEKS or submit ACT or SAT scores in order to be considered for the program.
5. All new students must complete an orientation and meet with an LCCC advisor or counselor prior to scheduling classes.

## STUDENT SECTION

Please use blue or black ink. Complete numbers 1 through 18 of the application.

### 1. Full legal name:

_____	_____	_____
Last	First	Middle Initial

### 2. Please list all former names:

_____	_____	_____
Last/Maiden	First	Middle Initial

### 3. Date of birth:

_____	_____	_____
Month	Day	Year

_____	_____	_____
Birthplace City	State	Country

4. Gender:  Female  Male  Non-Binary  Other

### 5. Social Security Number (required for state reporting):

\_\_\_\_\_

### 6. Legal home address information (a Post Office Box is not a legal address):

_____	_____	_____	_____
Number	Street	Apt.	County

_____	_____	_____	_____
City	State	Zip	Country

_____	_____
Area Code/Telephone Number	Length of Time at This Address

\_\_\_\_\_

E-mail Address

### 7. Previous address (if time at legal home address is less than 12 months)

_____	_____	_____	_____
Number	Street	Apt.	County
_____	_____	_____	_____
City	State	Zip	Country
_____	_____	_____	_____
Area Code/Telephone Number	Length of Time at This Address	_____	_____

### 8. Residency information:

Length of continuous residence in Ohio: Years \_\_\_\_\_ Months \_\_\_\_\_

If you have lived in Ohio less than 12 months, your previous State of residency was: \_\_\_\_\_

Are you dependent for more than one-half of your financial support on a person residing in Ohio?  Yes  No

Are you dependent for more than one-half of your financial support on a person residing in Lorain County?  Yes  No

### 9. Are you a United States citizen? Yes No

If no, check and complete one of the following and attach a copy of your I-94 and passport I.D. page.

**Non-immigrant.** Indicate expected visa type (e.g. F-1, J-1, etc.): \_\_\_\_\_

**Permanent resident.** Indicate alien number: A \_\_\_\_\_

Date status received: mo \_\_\_\_\_ day \_\_\_\_\_ yr \_\_\_\_\_

**Refugee.** Indicate file number: A \_\_\_\_\_

Date status received: mo \_\_\_\_\_ day \_\_\_\_\_ yr \_\_\_\_\_

### 10. Are you Hispanic and/or Latino? Yes No

### 11. Race: Please check one or more. Circle primary race if more than one is checked.

American Indian or Alaska Native  Asian  Black or African American

Native Hawaiian or Pacific Islander  White

Race/Ethnic information is strictly voluntary and used for federal reporting purposes only. It is the policy of LCCC that no person shall be subject to discrimination in any relationship to the College because of race, age, color, sex, religion, disability, national origin or veteran status.

### 12. Give the name and permanent address of the person upon whom you are financially dependent:

_____	_____	_____
First Name	Middle Initial	Last Name

_____	_____	_____	_____
Number	Street	Apt.	County

_____	_____	_____	_____
City	State	Zip	Country

_____	_____
Area Code/Telephone Number	Length of Time at This Address

\_\_\_\_\_

Relationship

(Continued on reverse side)



# Lorain County Community College

#### OFFICE USE ONLY

Student No. \_\_\_\_\_

School \_\_\_\_\_ Standing \_\_\_\_\_

# LCCC College Credit Plus Application for Admission, continued

### 13. Selective Service *(to be completed by males only):*

NOTICE: Required by State of Ohio. Under section 3345.32, if you are a male age 18 through 26, you are required to submit this information.

Selective Service Number \_\_\_\_\_

If you have not registered, you must indicate below the reason(s) why you are not required to register:

- I am under 18 years of age.
- I am a non-immigrant alien lawfully in the United States in accordance with Section 101(A)(15) or the "Immigration and Nationality Act" U.S.C.1101, as amended.

### 14. Educational history:

Current School Attending \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Dates Attended From \_\_\_\_\_ To \_\_\_\_\_

Will you attend a different school next year? If yes, please list the school below:

\_\_\_\_\_

15. I am currently in/a:  6th Grade  7th Grade  8th Grade

Freshman  Sophomore  Junior  Senior

Expected date of high school graduation \_\_\_\_\_

### 16. Planned major or area of study:

- Business and Entrepreneurship  Computer & Information Technology
- Culinary and Hospitality  Education  Engineering & Manufacturing
- Human, Social & Public Service  Health, Wellness & Safety
- Liberal & Creative Arts  Science & Math

### 17. Have you attended college before?

Yes  No *If yes, please complete question 18*

### 18. List any other colleges or universities you have attended:

Note: You are responsible for submitting official transcripts from these institutions if you want credits for these courses to be considered for credit at LCCC.

College/University \_\_\_\_\_

College/University \_\_\_\_\_

## Emergency Medical Treatment Contact

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

Relationship to Student \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Work or Cell Phone Number \_\_\_\_\_

## STUDENT PARTICIPATION FORM

### Responsibility Acknowledgement for Student

I certify the information I have provided on this application is complete and accurate to the best of my knowledge. I understand that misrepresentation of facts on the application may be cause for refusal of admission, cancellation of admission or dismissal from the College as provided in the Lorain County College Policies and Procedures.

The Family Education Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of student education records. When a student attends courses beyond the high school level regardless of age these privacy rights belong to the student. LCCC will report grades and appropriate information to me, my high school counselor and other educational entities in accordance with FERPA guidelines.

I am aware that the content of college courses is geared toward adult students and may contain material normally reserved for adults. I understand the college environment does not provide extraordinary measures of safety as practiced in K-12 school buildings. Furthermore, institutions of higher education, LCCC included, provide unrestricted access to learning resources and information without additional filters that may be found in public and K-12 libraries and computer labs. I understand that I will have the opportunity to use computer labs on campus with Internet access. I will not abuse this privilege by purposely logging on to inappropriate sites. I believe that I have the maturity to be a successful student in the college environment.

As a College Credit Plus (CCP) student I understand that textbooks and materials provided to me through the CCP program must be returned to the college in a timely manner. I also understand that I must provide written notice to my high school counselor or other authorized official before withdrawing from any course(s).



Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

This permission slip must be completed and signed by the student and his or her parent or guardian in order for the student to enroll in college courses under the College Credit Plus program.

A student eligible to participate in College Credit Plus and admitted to a college or university will enroll in actual college courses, which *may* include “mature subject matter” as defined in Ohio Revised Code 3365.035.

**PLEASE TYPE OR PRINT:**

We \_\_\_\_\_ (Student Name) and \_\_\_\_\_ (Parent Name) hereby understand that by enrolling in College Credit Plus courses:

- Content *may* include mature subject matter that will not be modified based upon College Credit Plus enrollee participation regardless of where course instruction occurs; and
- State law requires this signed form be submitted in the student’s application to the college or university following that college or university’s instructions for submission of application materials.

The signatures below indicate permission is granted to participate in College Credit Plus. It is the parent’s or guardian’s responsibility to be aware of and monitor the student’s enrollment based on information provided by the college.

Student Information – **PLEASE TYPE OR PRINT:**

Student Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of High School (or homeschooled): \_\_\_\_\_

Parent Information – **PLEASE TYPE OR PRINT:**

Parent Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN THIS COMPLETED FORM TO THE COLLEGE OR UNIVERSITY TO WHICH THE STUDENT IS APPLYING.  
FOLLOW THE COLLEGE OR UNIVERSITY’S INSTRUCTIONS TO SUBMIT THIS FORM.**