## **DEFIANCE COLLEGE**



Print clearly in blue or black ink. Return the application form, complete with all required signatures, along with an official high school transcript to: Defiance College - Office of Admissions/College Credit Plus Coordinator - 701 North Clinton St. - Defiance, OH 43512

Name First	Middle	Last				
	Middle					
City	State	Zip Code				
Phone ()	E-Mail					
Social Security Number	Date o	of Birth Gender				
This social security number will be printed on student enrollment forms sent to the Ohio Department of Education.)						
Ethnicity/Race (optional)						
EDUCATIONAL HISTO	ORY					
EDUCATIONAL HISTO	ORY	ar of High School Graduation				
EDUCATIONAL HISTO	ORY Expected Ye					
EDUCATIONAL HISTO High School Have you previously atter	ORYExpected Ye nded Defiance College?    →No	ar of High School Graduation				

## **APPLICATION PROCEDURES - submit to DC Admissions Office**

- 1. Defiance College's CCP Program application signed by student, parent/guardian and high school guidance counselor;
- 2. an official high school transcript stating cumulative grade point average and class rank; official ACT or SAT scores from high school transcript or testing centers
- 3. a copy of the school district's "Intent to Participate in the CCP Program" form, completed by the student, parent/guardian and high school guidance counselor

## **CRITERIA FOR ELIGIBILITY:**

- 1. Cumulative grade point average = 2.4 or higher
- 2. Submission of official high school transcript

HIGH SCHOOL REPORT - to be completed by High School Guidance Counselor					
I have attached the student's official high school transcript to this application form. I verify that aftersemesters, the student's cumulative grade point average ison apoint scale, and					
the student's class rank isin a class of					
High School credits student has scheduled at the high school for the yearx 3 =					
Available H.S. credits minus scheduled H.S. credits (number from above) 30					
College credits available under CCP for the academic year =					
Name of Guidance Counselor (print)  Signature of Guidance Counselor  Date					
<b>PARENT OR GUARDIAN APPROVAL</b> I hereby certify that I approve my son/daughter/dependent to participate in the CCP Program at Defiance College.					
Name of Parent/Guardian (print) Signature of Parent/Guardian Date					
APPLICANT STATEMENT I certify that the information given on this application is complete and accurate to the best of my knowledge, and that I have been counseled by my high school on the benefits and risks associated with the CCP Program. I understand that all transcripts and other documents submitted to Defiance College in support of my application become the property of Defiance College. I understand that any misrepresentation of information on this form could render me subject to immediate dismissal from Defiance College.					
Signature of Applicant Date					

Defiance College admits students regardless of race, ethnicity, religion, national origin, sex/gender, gender identity/expression, sexual orientation, age, disability, genetic information, marital status, or veteran status.

Revised: January 2023





## **COURSE SCHEDULING FORM**

Student Name:		Student Date	Student Date of Birth:	
Please list the course n	name, course n	number, and time t	for each course in which	you wish to enroll on this form
				urse_Listing.jnz. Click on click
			following for each term	
Summer 2023	Term "Summer Sem			
Summer 2023 Year "2023-2024 Fall 2023 Year "2023-2024"			Term "Fall Semester"	
		23-2024"	Term "Spring Semester"	
5pmg 202 i	1041 20	23 2021	Total Spring Schloson	
and fall 2020 classes in Your high school coun. our courses meet your	n mid-March. selor's signati high school g	Schedules of clas. ure is required as raduation require	ses will be available sho Defiance College is not	nd registers students for summer ortly before registration opens. responsible for verifying that tudents must meet the pre- ourses selected below.
<b>SUMMER 2023</b>				
Course #	Section	Credit Hrs.	Class Days/Time	
Example: ENGL 125	<u>C</u>	3	MWF 2-2:50 PM	
				<del></del>
		-		
				<u></u>
				Total Summer Hours:
FALL 2023				
Course #	Section	Credit Hrs.	Class Days/Time	
Course II				
				<u></u>
				Total Fall Hours:
SPRING 2024				
Course #	Section	Credit Hrs.	Class Days/Time	
Course II	Section	Crodit IIIs.	Class Bay of Time	
				Total Spring Hours:
Student signature:				Date:
6 ····				
High School Counselor signature:				Date:



