

**ALL PAGES MUST BE COMPLETED AND SIGNED**

**Page 1: To be completed by prospective student and guardian**

This application is to be used by students wishing to participate in the College Credit Plus (CCP) program. Students wishing to be admitted as a traditional student must complete the general application for admission.

**Please type or print student information in ink.**

☐ Male

☐ Female

**Name**

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

Address \_\_\_\_\_

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

County of Residence \_\_\_\_\_ Years in this county \_\_\_\_\_

Birthdate \_\_\_\_\_ Social Security Number (Required) \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian name(s) \_\_\_\_\_

**Optional but important!** (This optional information will not be used in the admissions process. It is requested to meet government affirmative action reporting requirements.)

**Ethnicity (check one):**

☐ African-American ☐ American Indian or Alaskan ☐ Asian ☐ Hispanic ☐ White/Non-Hispanic ☐ Other

High School \_\_\_\_\_ Anticipated Graduation Date \_\_\_\_\_

Career Interest: \_\_\_\_\_

**Please check only one:**

*I prefer classes at:* ☐ High School

☐ Rio Grande- Main Campus

☐ Meigs Center - Meigs

☐ McArthur Center -McArthur, OH

☐ Jackson Center-Jackson, OH

☐ Pike Center-Piketon, OH

☐ Online

*Desired start term:* ☐ Summer Term

☐ Fall Term

☐ Spring Term

**The following signatures are REQUIRED for your application to be processed!**

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*Upon signing this document, the student gives permission for all information, including grades and Rio Grande financial information, to be shared with staff, professors, and high school officials. The University of Rio Grande/Rio Grande Community College admits students on any race, color, religion, gender, disability, age, marital status, national or ethnic origin, socioeconomic status, or political affiliation.*

*continued*

*When application is completed, please have your Guidance Counselor send with High School Transcript to Ciara Spurlin @ [cspurlin@rio.edu](mailto:cspurlin@rio.edu)*

**ALL PAGES MUST BE COMPLETED AND SIGNED****Page 2: To be completed by prospective student and guardian****Options for Enrollment in College Credit Plus  
Effective May 10, 2021**

Ohio Revised Code section 3365.06 provides two options for College Credit Plus enrollment. Based on the order in which the options are listed within the statute, these are commonly referred to as "Option A" and "Option B." This summary sheet describes the two options available for College Credit Plus enrollment, payment, and credit earned.

**College Credit Plus (CCP) "Option A":**

A student can choose to self-pay for tuition and costs of all textbooks, materials, and fees associated with a course under Option A.

- The student must meet the CCP eligibility and college admission requirements and choose to take courses that are allowable under CCP.
- A student must choose this option before the college's census date (usually 14 days after the start of term) by doing the following:
  - Student must notify the high school of the choice of Option A and the choice of receiving both high school and college credits or only college credit.
  - The credit received will be recorded on both the high school and college transcripts or college transcript only.
  - Student must notify the college to arrange for payment.
- Student is not able to change options after the census date.
- Student is billed directly by the college at the standard tuition rate, fees, and costs of textbooks.

***\*Under no circumstances are sectarian or remedial courses eligible for CCP Option A or B.1***

*1 If a student chooses to self-pay for college courses outside of the College Credit Plus program (e.g., to take a sectarian course), the decisions pertaining to awarding credit are between the student, the secondary school, and the college. A student pursuing such options should be mindful that the student is not afforded the rights and protections afforded to students under the College Credit Plus program. May 2021*

\*I plan to participate in the College Credit Plus program as: ☐ Option A OR ☐ Option B

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*continued*

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**ALL PAGES MUST BE COMPLETED AND SIGNED****Page 3: To be completed by prospective student and guardian****PERMISSION SLIP**

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.***continued*

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Page 4: To be completed by High School Guidance Counselor

### Student Eligibility Information

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#### Student Information:

Student Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Student SSID: \_\_\_\_\_ Student Current Cumulative GPA: \_\_\_\_\_

Has the Student Completed a Letter of Intent?: ☐ YES or ☐ NO

Has the Student Completed the High School CCP Counseling Session?: ☐ YES or ☐ NO

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#### School information:

High School Name: \_\_\_\_\_

Guidance Counselor Name: \_\_\_\_\_

Counselor Email: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School Phone Number: \_\_\_\_\_ School Fax Number: \_\_\_\_\_

Guidance Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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