



Lorain County Community College

CollegeCredit PLUS

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 materials contained in this packet: Section 1 – LCCC Application for Admission; Section 2 – High School/School District Information; and Section 3 – Emergency Medical Treatment Authorization Form.
2. Official high school transcripts (or equivalent for home-educated 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 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.

Section 1 STUDENT SECTION LCCC APPLICATION FOR ADMISSION

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 _____

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 Community 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 also 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

Section 2 COUNSELOR
School Information Form
School/School District Information


Note: This section to be completed by a school principal, counselor or other appropriate school official.

Please check all that apply: College Credit Plus Credit In Escrow

Is this student home educated? Yes No

Student's class status as of the next academic year:

7th Grade 8th Grade Freshman Sophomore Junior Senior

 _____
School Official Signature Date

Title School


Section 3 PARENT
Emergency Medical Treatment
Authorization Form

Note: This section to be completed by parent or legal guardian.

Last Name _____ First _____ Middle Initial _____

Relationship to Student _____

Home Phone Number _____ Work or Cell Phone Number _____

 _____
Parent or Guardian Signature

Relationship to Student Date