

pseop

**post-secondary
enrollment
options program**

college for high
school students



Cuyahoga Community College

Where futures beginSM

www.tri-c.edu • 800-954-8742

I. Application for Admission – To Be Completed by Student:

You may apply for admission to take classes at any of Cuyahoga Community College's locations but students should submit their completed PSEOP application to one of the four main campuses that is most convenient.

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Eastern Campus
Enrollment Center
4250 Richmond Road
Highland Hills OH 44122-6195
216-987-2243 | <input type="checkbox"/> Metropolitan Campus
Enrollment Center
2900 Community College Avenue
Cleveland OH 44115-3196
216-987-4164 | <input type="checkbox"/> Western Campus
or
<input type="checkbox"/> Brunswick University Center
Enrollment Center
11000 Pleasant Valley Road
Parma OH 44130-5199
216-987-5155
216-987-5259 | <input type="checkbox"/> Westshore Campus/
Corporate College West®
Enrollment Center
25425 Center Ridge Road
Westlake OH 44145-4122
216-987-5884 |
|--|---|---|---|

Indicate Entry Term and Year: Fall (August) _____ Spring (January) _____

Social Security Number: - -

FOR OFFICE USE ONLY

Legal Name: _____
Last First Middle Former

Mailing Address: _____
Number and Street

City State Zip Code County

Home Phone: () _____ Cell Phone: () _____

Preferred E-mail Address: _____

Sex: Female Male

Date of Birth: ____/____/____
month day year

Citizenship: (Non-citizen applicants must show proof of alien registration)

- (Y) U.S. citizen If not U.S., country of citizenship: _____
- (N) Non-citizen Visa type: _____ Issue date: _____ Expiration date: _____
- (P) Permanent resident Alien reg. #: _____ Issue date: _____ Expiration date: _____

Race: (Check only one)

- | | | |
|--|--|--|
| <input type="checkbox"/> (1) American Indian or Alaskan Native | <input type="checkbox"/> (3) Asian | <input type="checkbox"/> (5) White |
| <input type="checkbox"/> (2) Black or African American | <input type="checkbox"/> (4) Native Hawaiian or other Pacific Islander | <input type="checkbox"/> (6) Other _____
(please specify) |

Ethnicity: (Check only one)

- (1) Hispanic or Latino
- (2) Not Hispanic or Not Latino

FOR OFFICE USE ONLY - HS

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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High School Name: _____

Street Address: _____

City/State: _____ Zip Code: _____ Phone: () _____

Month/Year You Expect to Graduate: _____

Selective Service (to be completed by all males): Selective Service Number: _____
To register on-line or for on-line verification of registration: www.sss.gov Registration Information Office: 1-888-655-1825

NOTICE: Under section 3345.32 of the Revised Code of the State of Ohio, if you are a male age 18 through 25, you are required to complete this information. Failure to do so will prohibit you from registering for classes. If you have not registered, you must indicate below the reason you are not required to register.

I certify that I am not required to be registered with Selective Service, and I qualify for exemption for the following reason:

- I have not reached my 18th birthday. I am a permanent resident of the Trust Territory of the Pacific Islands or the Northern Mariana Islands and I am not a citizen of the United States. I am a nonimmigrant alien lawfully in the United States in accordance with Section 101 (A)(15) of the "Immigration and Nationality Act" U.S.C. 1161, as amended.

II. Residency Information – To Be Completed by Student:

RES

Have You Lived At Your Current Address for At Least 12 Months? Yes No

ONLY IF "No," this RESIDENCY INFORMATION must be completed by legal residents of the U.S. and will be used to determine your residency status. If additional information is needed to determine your status, you will be required to present evidence. The burden of proof to clearly demonstrate residency lies with the student.

List all previous addresses:

If You Are a Dependent, is your parent/legal guardian employed in Cuyahoga County? Yes No

Emergency Contact Information:

Last Name: _____ First Name: _____ Phone: () _____

Relationship: _____

Directory Information: The College may disclose Directory Information (i.e. student name, mailing & email address, telephone number, date and place of birth, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, enrollment status, degrees, awards and honors, campus of record, student's photograph and most recent school attended) to publicize student involvement in College-related activities without prior consent from you. Students may request this information be kept confidential by completing a Confidentiality Request Form in any Admissions & Records Office.

By signing and dating this application, I certify that the information I have provided hereon 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 Cuyahoga Community 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 Cuyahoga Community College and will not be returned to you or forwarded to another institution.

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

Signature of Student _____ **Date** _____

III. Financial Responsibility Acknowledgment – To Be Completed By Student and Parent:

The purpose of this section is to establish the responsibility for payment to Cuyahoga Community College in the event that a student fails to complete a course.

I understand that in accordance with provisions of law regarding the Post-Secondary Enrollment Option B, the Ohio State Department of Education will reimburse Cuyahoga Community College for expenses incurred by registration for authorized courses. I understand, however, that if the course(s) are not completed successfully, I will be responsible for payment of tuition, fees, books and materials required for each course. Further, I understand that for selected courses, materials may be needed that must be provided at my own expense. I understand that the textbooks and materials provided are the property of the college and must be returned to the college. 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 will be responsible for payment of tuition, fees, books and materials required for each course.

By my signature, **I give permission to participate and acknowledge financial responsibility.**

_____	_____	_____
Signature of Parent or Guardian (Required)	Relationship to student	Date
_____		_____
Signature of Student (Required for Option B admission)		Date

IV. High School Acknowledgement – To Be Completed By High School Counselor Or Authorizing Official:

I acknowledge that the above named student is a qualified applicant to the Post-Secondary Enrollment Options Program.

Comment: _____

_____	_____
Signature of Counselor or Authorizing Official	Date
_____ (_____) _____	_____
Print Counselor's Name and Title	Telephone Number

NOTICE TO STUDENTS

V. Final Steps Required to Complete the Application Process:

- Step 1:** You must request your high school office to mail an official high school transcript directly to the Enrollment Center at the campus you marked at the top of Section 1.
- Step 2:** You must complete the required assessment tests in both mathematics and English in a Learning or Assessment Center at the campus of application. Assessment tests must be completed before the Enrollment Center can make the admission decision. Appropriate ACT scores submitted directly from ACT can be used in place of the assessment tests.

VI. Acceptance

The Enrollment Center must receive all required information before it can make an admission decision. The student is responsible to assure that all required information is submitted for this application in a timely manner.

You will be notified of the acceptance or denial decision in writing.