



College Credit Plus Program Application

Please submit to: **College Credit Plus, Zane State College, 1555 Newark Road, Zanesville, OH 43701**

SSID: _____ Please complete all information on this application. Be sure to sign where indicated.

_____/_____/_____
Social Security Number Last Name First Name Middle Name

Street Address City

State Zip Code Telephone Number County of Residence

Birthdate:_____/_____/_____
Month Day Year Sex: Male Have you resided in Ohio for the past 12 months?: Yes No
 Female Are you a U.S. Citizen?: Yes No

Planned semester of enrollment: Fall Spring Year:_____

High School:_____ Graduation Year:_____

Guidance Counselor:_____ Principal:_____

If applicable, list name of any other post-secondary institutions you have attended and dates attended.

DEMOGRAPHIC INFORMATION

(Your response is voluntary; however, information will not be used in a discriminatory manner and will remain confidential as to the individual but may be used in general submission data.)

- Are you Hispanic? Yes No
- Check all that apply: American Indian or Alaska Native
 Native Hawaiian/Pacific Islander
 Asian
 White
 Black or African American

ON CAMPUS/OFF CAMPUS*

*REQUIRED

Indicate under which of the following options you will be enrolling (you may choose both, if appropriate):

- ON THE ZANE STATE COLLEGE CAMPUS.** I wish to enroll in Zane State College classes taught at the College by college instructors.
- AT MY HOME HIGH SCHOOL.** I wish to enroll in Zane State College classes taught at my home high school by high school instructors.

I grant permission for Zane State College to release my name, photograph, address, telephone number, e-mail address, college major, participation in officially recognized activities and sports, dates of attendance, degree and awards received (including Dean's List) and most recent previous educational agency or institution attended to news media or other appropriate agencies. Yes No Initials: _____

I verify that the information given on this application is accurate to the best of my knowledge and recognize that deliberately giving false information can be grounds for withdrawal from the College. Furthermore, by listing a parent below, I give permission for that person to receive information from Zane State College regarding my student records and related academic information.

Signature of Applicant Date

Parent/Guardian Name (please print) Parent Phone Number