College Credit Plus Application
About CCP

College Credit Plus (CCP) provides students in 7–12 grades the opportunity to earn both college and high school credits by taking either a dual credit course in their high schools or by attending college classes at a college or university campus. To be eligible to participate, students must be college-ready in the college-level course in which they plan to enroll.

CCP Application Checklist

☐ Attend a College Credit Plus informational meeting.

☐ Take the ACT test or Accuplacer placement test to determine college-readiness.
  (Accuplacer test must be taken at Shawnee.)

☐ Submit a Letter of Intent to your guidance counselor by April 1, 2020. (Non-public and homeschooled must submit this to state.)

☐ Submit the College Credit Plus application by Friday, April 10, 2020; along with your high school transcript and ACT and/or Accuplacer scores (6–8 grade students must submit a grade report) to: CCP Advisor, Student Success Center, 940 Second St., Portsmouth, Ohio 45662.

Non-public and homeschooled students must create an OH|ID account at https://ohid.ohio.gov and submit their acceptance letter from Shawnee State along with other paperwork required by the state to obtain funding and permission to participate in CCP.

CCP Guidelines

• Students must be college-ready in the subject in which they want to enroll in.

• Students participating in the CCP program will have all the same expectations and responsibilities that regular college students have regarding assignments, attendance, and course content. The course content will not be altered in any way to take into account that a CCP student is enrolled in the course. Students under the age of 18 may be exposed to adult content and situations.

• Students will have access to a Shawnee State email account, Blackboard (if applicable to the course), MySSU, the library, tutoring services, and all other campus resources except Counseling & Health Services.

• Students participating in CCP cannot be prevented from participating in sports, extracurricular activities, clubs, etc. at their home schools and may continue to receive free and reduced lunch.

• Students will receive both college and high school credit, and their college records will be shared with their home schools. All tuition, fees, textbooks, and materials are provided to the students for free.

• Students who wish to drop a course must do so before the first Friday of each semester.

• Students who fail, withdraw after the deadline, or do not complete a course may be responsible for reimbursing their school district for the course costs.

• The Family Educational Rights and Privacy Act (FERPA) applies to all educational records and courses the CCP student is enrolled in. FERPA applies to both courses taught on campus and dual credit courses in the high schools. Students must complete FERPA form on their myssu page to authorize parents or guardians access to their records.
Submit this application along with high school transcript and ACT and/or Accuplacer scores to the CCP Advisor, Student Success Center, 940 Second St., Portsmouth, Ohio 45662.

☐ 1st Year Participating in CCP  ☐ Dual Enrollment Classes Only (classes taught at high school)

☐ Reapplying to CCP  Shawnee ID# ________________

Semester you plan to begin coursework at SSU:  ☐ Summer 2020  ☐ Fall 2020  ☐ Spring 2021

Personal Data

Name: ______________________________________________________________ Date of Birth: ____________________

SSID or UNID: _______________________________________ Social Security Number:______________________________

Address: _______________________________________________________________________________________________

City    State    Zip Code

Home Phone:_________________________ Student Cell Number:_________________________  ☐ Receive Text Messages

Email Address: _________________________________________________________________________________________

Junior High/High School:______________________________________________ Anticipated H.S. Graduation Yr.: _______________

Have you taken the ACT?  ☐ Yes  ☐ No  Have you sent your ACT results to Shawnee?  ☐ Yes  ☐ No

Have you taken the Accuplacer placement test at Shawnee?  ☐ Yes  ☐ No

Have you ever been convicted of a felony?  ☐ Yes  ☐ No

Federal Law requires all male students who have reached their 18th birthday by the first day of the semester must be registered with the Selective Service. Failure to do so will result in the assessment of a selective service surcharge.

☐ I am a male student and will not be 18 prior to the start of the semester.

☐ I am registered with the Selective Service. My registration number is ________________________.

☐ I am a female student.

Note: Students who attend Shawnee State University under the College Credit Plus program, under either Option A or Option B, must be Ohio residents and meet all requirements of that program.

☐ Option A (Self-Pay)  ☐ Option B (High School Pay)

Resident Status for Past 12 Months:

☐ 11—Resident of Ohio

☐ 12—Resident of another state:

County _________________________________

☐ 13—Foreign: Visa Type ________________________________

Voluntary Disclosure:

The information requested in the shaded area is used to report student and applicant demographic information to state and federal agencies. Your completion of this area is completely voluntary. This information will not be used for discriminatory purposes.*

Gender:  ☐ Male  ☐ Female  ☐ Other

Hispanic:  ☐ Yes  ☐ No

Race/Ethnic:  (Check only one)

☐ 1) Nonresident Alien

☐ 2) Race and Ethnicity unknown

☐ 3) Hispanics of any race

For non-Hispanics only:

☐ 4) American Indian or Alaska Native

☐ 5) Asian

☐ 6) Black or African American

☐ 7) Native Hawaiian or other Pacific Islander

☐ 8) White

☐ 9) Two or more races

Have either of your parents received a 4-year college degree?  ☐ Yes  ☐ No

* Shawnee State University does not discriminate in admission, access, or treatment in programs and activities or employment policies or practices on the basis of race, creed, sex, color, national or ethnic origin, religion, marital status, age, sexual orientation, or disability. Inquiries regarding Title IX may be directed to the Title IX coordinator, who is also the coordinator of special needs services, at 740.351.3276.
In the event of an emergency, notify: _______________________________________________________________
(Name and phone number of individual legally authorized to make medical decisions)

Do you attend or will you be attending a career and technical center?  ☐ Yes  ☐ No

If yes, please secure the signature of the guidance counselor both at your home school and at the career center.

I certify that this student has received counseling concerning the College Credit Plus Program and notified our school of their intent to participate by April 1. If the student has transferred schools and was unable to file a Letter of Intent by April 1, a letter from the school district superintendent indicating the student has permission to participate must be included.

Counselor's Signature:__________________________________________  Date:_______________________

Career and Technical Center Counselor Signature:______________________________  Date:_______________________

I certify that I have received counseling concerning the College Credit Plus Program and that I have notified my high school of my intent to participate in the College Credit Plus Program. I authorize the release of academic records to my high school and the state superintendent of schools as long as I am a participant in the program. 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 dismissal from the University.

Student's Signature:__________________________________________  Date:_______________________

I request that my child be permitted to participate in the College Credit Plus Program. I certify that I am aware of the risks involved and that my child is prepared to accept the responsibilities and expectations of a college student. In addition, I understand that if my child fails a course, does not drop before the deadline, or does not complete a course, I may be financially responsible for the costs. Lastly, I recognize that my child's academic records will not be accessible to me without written authorization from my child.

Parent or Legal Guardian's Signature:__________________________________________  Date:_______________________