

College Credit Plus (CCP) Program Application Addendum



STUDENT INFORMATION			
Last Name	First Name	Middle Name	
Social Security Number	Date of Birth	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address			
City		State	ZIP
PRIMARY (CUSTODIAL) PARENT/GUARDIAN'S INFORMATION		SECONDARY (CUSTODIAL) PARENT/GUARDIAN'S INFORMATION	
Full Name	Full Name		
Address	Address		
City, State & Zip	City, State & ZIP		
Home Phone Number	Home Phone Number		
Cell Phone Number	Cell Phone Number		
Email	Email		
EMERGENCY INFORMATION			
In case of emergency, please notify the following person(s): <input type="checkbox"/> Primary parent/guardian <input type="checkbox"/> Secondary parent/guardian <input type="checkbox"/> Other _____			
ACADEMIC INFORMATION (To be completed by High School Guidance Counselor)			
High School	School District		
Address			District IRN #
City	State	ZIP	
Guidance Counselor's Name			
Guidance Counselor's Phone	Guidance Counselor's Email		
School Superintendent's Name	School Superintendent's Email		
Superintendent's Address	City and ZIP		
Expected high school graduation month/year	Intended trimester of enrollment in Franklin University's CCP: Summer 20____ Fall 20____ Winter 20____		
Class level during intended trimester of enrollment in CCP: <input type="checkbox"/> 7 th grade <input type="checkbox"/> 8 th grade <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior			
Intended College Major			

I certify that the above student has completed all mandatory steps to permit participation in CCP.

Guidance Counselor Signature X _____

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Verification/Authorization

Sign your initials in each box as indicated:

_____ I affirm that, to the best of my knowledge, the information submitted for evaluation is complete and accurate. I also understand that I must abide by all the rules, regulations, and policies of Franklin University as stated in, but not limited to, the Franklin University Academic Bulletin and Student Code of Conduct.

_____ I have been apprised of and understand all the options available to me under College Credit Plus (CCP). I have received counseling on the advantages and disadvantages, as well as the responsibilities associated with each option.

_____ I understand that all grades earned as a result of taking classes at Franklin University will become part of an academic record that will be permanently maintained at the University.

_____ I understand that high school students enrolling in Franklin University classes through CCP are required to provide permission to permit release of enrollment information to various third parties.

_____ I understand that Franklin University adheres to FERPA standards, and therefore I give my permission to the Franklin University Registrar to release full enrollment/completion information to all third-party persons/agencies required by law.

_____ I understand students enrolled for high school credit may need to have daily/weekly attendance reported back to their high school. Therefore, I agree to have my instructor(s) sign an attendance form after each class session and return that signed form to my high school attendance office on a weekly basis. Failure to have the attendance form signed and delivered to my home school may result in the removal from my Franklin University class(es).

_____ I understand that the information given in this application will be treated as confidential data and will be used only by authorized Franklin University personnel. I also agree to notify Franklin University if any of the provided information changes.

_____ I authorize and consent to Franklin University's use of photographs, audio files, and videos of me in its official publications, online applications, and publicity. I agree that the photographs, negatives, digital files, and audio files are the exclusive property of Franklin University.

_____ **I understand there will be mandatory registration/advising and orientation meetings (minimum of once per academic year).**

I affirm that, to the best of my knowledge, the information submitted for evaluation is complete and accurate. I also agree to notify Franklin University that if any of the provided information changes.

Student _____
Signature Date

Parent/Guardian _____
Signature Date

Applicants must receive approval from their high school guidance counselor in order to be eligible. All applicants must take Franklin University placement examinations and place into WRIT 120 – College Writing. Franklin University does not discriminate on the basis of race, religion, color, sex, age, national origin, disability, or veteran status in admission of students, educational programs and policies, employment, and other activities. Students seeking accommodations for disabilities should contact the Office of Disability Services at 614.797.4700 or accommodate@franklin.edu.

Application Deadlines (Preferred): Fall Trimester – June 1 • Winter Trimester – November 1 • Summer Trimester – March 1