DEFLANCE COLLEGE



Print clearly in blue or black ink. Return the application form, complete with all required signatures, along with an official high school transcript to: Defiance College - Office of Admissions/College Credit Plus Coordinator - 701 North Clinton St. - Defiance, OH 43512

Name	Middle	Last				
1 1150	Middle					
City	State	Zip Code				
Phone ()	E-Mail					
Social Security Number Date of Birth Gender (This social security number will be printed on student enrollment forms sent to the Ohio Department of Education.)						
Ethnicity/Race (optional)						
		ar of High School Graduation				
High School	Expected Year	ar of High School Graduation				
Have you previously atter	Expected Yearnded Defiance College? ¬No	-				

APPLICATION PROCEDURES - submit to DC Admissions Office

- 1. Defiance College's CCP Program application signed by student, parent/guardian and high school guidance counselor;
- 2. an official high school transcript stating cumulative grade point average and class rank; official ACT or SAT scores from high school transcript or testing centers
- 3. a copy of the school district's "Intent to Participate in the CCP Program" form, completed by the student, parent/guardian and high school guidance counselor

CRITERIA FOR ELIGIBILITY:

- 1. Cumulative grade point average = 2.4 or higher
- 2. Submission of official high school transcript
- 3. Composition and Mathematics courses may require additional testing prior to enrolling.

HIGH SCHOOL REPORT - to be completed by High School Guidance Counselor					
I have attached the student's official high school transcript to this application form. I verify that after semesters, the student's cumulative grade point average ison apoint scale, and					
the student's class rank isin a class of					
High School credits student has scheduled at the high school for the yearx 3 =					
Available H.S. credits minus scheduled H.S. credits (number from above) 30					
College credits available under CCP for the academic year =					
Name of Guidance Counselor (print) Signature of Guidance Counselor Date					
PARENT OR GUARDIAN APPROVAL I hereby certify that I approve my son/daughter/dependent to participate in the CCP Program at Defiance College.					
Name of Parent/Guardian (print) Signature of Parent/Guardian Date					
APPLICANT STATEMENT I certify that the information given on this application is complete and accurate to the best of my knowledge, and that I have been counseled by my high school on the benefits and risks associated with the CCP Program. I understand that all transcripts and other documents submitted to Defiance College in support of my application become the property of Defiance College. I understand that any misrepresentation of information on this form could render me subject to immediate dismissal from Defiance College.					
Signature of Applicant Date					

Defiance College admits students regardless of race, ethnicity, religion, national origin, sex/gender, gender identity/expression, sexual orientation, age, disability, genetic information, marital status, or veteran status.

Revised: January 2025





COURSE SCHEDULING FORM

Student Name:			Student Date of Birth:	
Please list the course n	ame, course n	number, and time f	or each course in which	you wish to enroll on this form.
The course schedules c	an be accesse	d at https://mydc	.defiance.edu/ICS/Cou	urse_Listing.jnz. Click on click
on "Course Schedule R	Report (Select	Term)", enter the	following for each term:	:
Summer 2025		2025-2026"	Term "Summer Seme	
Fall 2025	Year "2	2025-2026"	Term "Fall Semester"	,
		2025-2026"	Term "Spring Semest	ter"
1 0			1 0	
summer and fall classe opens. Your high school that our courses meet y	s in mid-Maro ol counselor's your high scho	ch. Schedules of co signature is requi ool graduation req	ired as Defiance College	shortly before registration is not responsible for verifying all students must meet the pre-
SUMMER 2025				
Course #	Section	Credit Hrs.	Class Days/Time	
Example: ENGL 125	<u>C</u>	3	MWF 2-2:50 PM	
				Total Summer Hours:
FALL 2025				
Course #	Section	Credit Hrs.	Class Days/Time	
		-		Total Fall Hayra
				Total Fall Hours:
SPRING 2026				
Course #	Section	Credit Hrs.	Class Days/Time	
				Total Spring Hours:
Ctudent alematum				Doto
Student signature:				Date:
High School Counselor signature:				Date: