



Medina County Career Center

Checklist

___ Parent and student view CCP informational video located on the MCCC school counseling website and submit Acknowledgement of Counseling Form.

___ Parent and student submit CCP Intent to Participate Form to MCCC school counselor by April 1st.

___ Student submits Course Request Form to MCCC school counselor.

___ Student has taken or will take ACT, SAT or Next-Generation Accuplacer assessment. NOTE: Make sure scores are sent directly to the LCCC. Check out the ACT/SAT deadlines in your packet of information.

Please refer to the appropriate websites listed.

ACT- www.actstudent.org

SAT - www.collegeboard.com

Next-Generation Accuplacer - LCCC Testing Center - www.lorainccc.edu/testing-and-assessment

___ Student submits LCCC application to MCCC school counselor.

Current Junior student deadline: April 15th

___ Student will be notified of acceptance at LCCC.

___ Student will attend new student orientation through LCCC.

___ Student will receive and verify confirmation of enrollment in approved CCP course(s).

NOTE: Students need to keep in communication with their MCCC school counselor regarding their progress throughout this process.





Medina County Career Center Acknowledgement of Counseling Form

Student Name (print clearly): _____ Grade Level: _____

Parent or Guardian's Name: _____

Home High School: _____

I have received counseling regarding the College Credit Plus (CCP) program and understand the responsibilities I assume in order to participate in the CCP program.

I understand the consequences and benefits of participation, including but not limited to all of the following:

- (a) The consequences of failing or not completing a course under the program, including the effect on the student's ability to complete the secondary school's graduation requirements;
- (b) The effect of the grade attained in a course under the program being included in the student's grade point average, as applicable;
- (c) The benefits to the student for successfully completing a course under the program, including the ability to reduce the overall costs of, and the amount of time required for, a college education;
- (d) Students earn letter grades for the CCP courses (e.g., A, B, C, D, and F). For students who do not pass a CCP course or withdraw from the course after the college's required "no fault" date, the grade will appear on both the college and high school transcripts (i.e., F or W). The course grade of "F" will be computed into the high school and college grade point average (GPA). The secondary school district will still be responsible for payment of the course but has the option of seeking reimbursement for the amount of state funds paid to the college on behalf of the student for that class (unless the student is considered economically disadvantaged). The school district may withhold grades and credits received for high school course taken until reimbursement has been made (ORC 3365.09).

*The Medina County Career Center will seek reimbursement and the cost will be added to the student's fees.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____





Date received _____

Medina County Career Center

Letter of Intent to Participate in College Credit Plus

Student Name: _____

Parent/Guardian Name: _____

Home Address: _____

CONTACT INFORMATION:

Parent Phone Number (Day) _____ (Evening) _____

Parent Email Address _____

Student Phone Number _____ Student Email _____

Home High School: _____ Grade: _____

I would like to declare my intent to participate in the College Credit Plus program. I understand that signing this form does not require that I participate during the coming school year, and I may decide not to participate without consequence.

I also understand that it is my responsibility to notify my school if I do not gain admission to my selected institution of higher education or choose not to participate in the program.

In addition, I certify that I have received counseling about the College Credit Plus program concerning the rules and regulations for both my school and the college, and that I understand my responsibilities, the benefits and possible risks of participating in the College Credit Plus program.

I understand and grant permission for MCCC, LCCC and my home school to share educational records pertinent to my admission for CCP enrollment.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

- Please sign and return this form to your school counselor by **April 1**.
- See other side for option selection.





Date received _____

Option Selection for 2021-2022

For the 2021-2022 school year, please select the payment option for the student's course(s).

- OPTION A:** The student/family will be financially responsible for all tuition and the cost of all textbooks, materials, and fees associated with the College Credit Plus course.
 - The student must inform the secondary school whether the student wants to receive college credit only or high school and college credit.
- *OPTION B:** The state of Ohio is financially responsible for the eligible course(s) in which the student chooses to enroll.
 - If Option B is selected, the funding for the course will be deducted from the secondary school and redirected to the college.
 - The student will receive high school and college credit.
- COMBINATION OF OPTION A & B:** Student/family chooses to be responsible for all tuition, textbooks, materials and fees for one or more courses. If this option is chosen, the student must inform the college which course(s) will be under Option A and which will be under Option B.

Please consult with your high school guidance counselor for more information and to choose the option(s) that best suits your College Credit Plus endeavors. Your selection of Option A or Option B is tentative on this form. You must confirm your selection by your college's no-fault withdrawal date. You must also inform your high school of your final selection.

***NOTE:** OPTION B is the option that most students choose because it is funded by the state.



Medina County Career Center
Course Request Form

Student Name: _____

Home School: _____

Program: _____

Please put a "X" next to the course(s)* you would like to schedule:

Courses available for 2021-2022 for students in DMT 2:

___ ALHN 110 Medical Terminology

Academic courses for 2021-2022 for all students at MCCC:

___ ENGL 161 College Composition I

___ ENGL 162 College Composition II

___ ENGL 255G Introduction to Fiction (Prerequisite: ENGL 161)

___ ENGL 257G Introduction to Poetry (Prerequisite: ENGL 161)

___ PLSC 156 American National Government

___ PLSC 151 Comparative Politics

Student's Printed Name

Student's Signature

Parent's Signature

Date

***Additional courses may be available; all courses are subject to change based on enrollment.**





CollegeCredit PLUS

College Credit Plus (CCP) is a popular choice for students – and for good reason. This program allows students to earn college credits while in high school, all for free. Under this program, students enroll in courses at LCCC and receive dual credit for high school requirements and for college credit. These credits may be used at LCCC or for transfer to the college or university of choice after high school graduation. Even books and other fees are covered for students.

Application for Participation Procedures

Students wishing to participate in College Credit Plus or Credit In Escrow are required to complete the following steps.

1. The application materials contained in this packet: Section 1 – LCCC Application for Admission; Section 2 – High School/School District Information; and Section 3 – Emergency Medical Treatment Authorization Form.
2. Official high school transcripts (or equivalent for home-educated students), need to be received by LCCC prior to enrollment in college courses. Students should request that the high school submit their transcript with their application.
3. Students may submit their application to either their high school counselor or the completed application and transcript may be mailed directly to the LCCC Special Admissions Office, 1005 North Abbe Road, Room LC157, Elyria, OH 44035.
4. Students must complete the Accuplacer or submit ACT or SAT scores in order to be considered for the program.
5. All new students must complete an orientation and meet with an LCCC advisor or counselor prior to scheduling classes.

Section 1 STUDENT SECTION LCCC APPLICATION FOR ADMISSION

Please use blue or black ink. Complete numbers 1 through 18 of the application.

1. Full legal name:

Last	First	Middle Initial
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2. Please list all former names:

Last/Maiden	First	Middle Initial
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3. Date of birth:

Month	Day	Year
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Birthplace City	State	Country
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4. Gender: Female Male Non-Binary Other

5. Social Security Number (required for state reporting):

6. Legal home address information (a Post Office Box is not a legal address):

Number	Street	Apt.	County
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City	State	Zip	Country
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Area Code/Telephone Number	Length of Time at This Address
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E-mail Address _____

7. Previous address (if time at legal home address is less than 12 months)

Number	Street	Apt.	County
City	State	Zip	Country
Area Code/Telephone Number	Length of Time at This Address		

8. Residency information:

Length of continuous residence in Ohio: Years _____ Months _____

If you have lived in Ohio less than 12 months, your previous State of residency was: _____

Are you dependent for more than one-half of your financial support on a person residing in Ohio? Yes No

Are you dependent for more than one-half of your financial support on a person residing in Lorain County? Yes No

9. Are you a United States citizen? Yes No

If no, check and complete one of the following and attach a copy of your I-94 and passport I.D. page.

Non-immigrant. Indicate expected visa type (e.g. F-1, J-1, etc.): _____

Permanent resident. Indicate alien number: A _____

Date status received: mo _____ day _____ yr _____

Refugee. Indicate file number: A _____

Date status received: mo _____ day _____ yr _____

10. Are you Hispanic and/or Latino? Yes No

11. Race: Please check one or more. Circle primary race if more than one is checked.

American Indian or Alaska Native Asian Black or African American

Native Hawaiian or Pacific Islander White

Race/Ethnic information is strictly voluntary and used for federal reporting purposes only. It is the policy of LCCC that no person shall be subject to discrimination in any relationship to the College because of race, age, color, sex, religion, disability, national origin or veteran status.

12. Give the name and permanent address of the person upon whom you are financially dependent:

First Name	Middle Initial	Last Name
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Number	Street	Apt.	County
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City	State	Zip	Country
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Area Code/Telephone Number	Length of Time at This Address
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Relationship _____

(Continued on reverse side)



Lorain County Community College

OFFICE USE ONLY

Student No. _____

School _____ Standing _____

LCCC College Credit Plus Application for Admission, continued

13. Selective Service *(to be completed by males only):*

NOTICE: Required by State of Ohio. Under section 3345.32, if you are a male age 18 through 26, you are required to submit this information.

Selective Service Number _____

If you have not registered, you must indicate below the reason(s) why you are not required to register:

- I am under 18 years of age.
- I am a non-immigrant alien lawfully in the United States in accordance with Section 101(A)(15) or the "Immigration and Nationality Act" U.S.C.1101, as amended.

14. Educational history:

Current School Attending _____

City _____ State _____

Dates Attended From _____ To _____

Will you attend a different school next year? If yes, please list the school below:

15. I am currently in/a: 6th Grade 7th Grade 8th Grade

Freshman Sophomore Junior Senior

Expected date of high school graduation _____

16. Planned major or area of study:

- Business and Entrepreneurship Computer & Information Technology
- Culinary and Hospitality Education Engineering & Manufacturing
- Human, Social & Public Service Health, Wellness & Safety
- Liberal & Creative Arts Science & Math

17. Have you attended college before?

Yes No *If yes, please complete question 18*

18. List any other colleges or universities you have attended:

Note: You are responsible for submitting official transcripts from these institutions if you want credits for these courses to be considered for credit at LCCC.

College/University _____

College/University _____

STUDENT PARTICIPATION FORM

Responsibility Acknowledgement for Student

I certify the information I have provided on this application is complete and accurate to the best of my knowledge. I understand that misrepresentation of facts on the application may be cause for refusal of admission, cancellation of admission or dismissal from the College as provided in the Lorain County Community College Policies and Procedures.

The Family Education Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of student education records. When a student attends courses beyond the high school level regardless of age these privacy rights belong to the student. LCCC will report grades and appropriate information to me, my high school counselor and other educational entities in accordance with FERPA guidelines.

I am aware that the content of college courses is geared toward adult students and may contain material normally reserved for adults. I also understand that I will have the opportunity to use computer labs on campus with Internet access. I will not abuse this privilege by purposely logging on to inappropriate sites. I believe that I have the maturity to be a successful student in the college environment.

As a College Credit Plus (CCP) student I understand that textbooks and materials provided to me through the CCP program must be returned to the college in a timely manner. I also understand that I must provide written notice to my high school counselor or other authorized official before withdrawing from any course(s).

Section 2 COUNSELOR School Information Form School/School District Information

Note: This section to be completed by a school principal, counselor or other appropriate school official.

Please check all that apply: College Credit Plus Credit In Escrow



Student Signature _____

Date _____

Print Name _____

Is this student home educated? Yes No

Student's class status as of the next academic year:

7th Grade 8th Grade Freshman Sophomore Junior Senior



School Official Signature _____

Date _____

Title _____

School _____

Section 3 PARENT Emergency Medical Treatment Authorization Form

Note: This section to be completed by parent or legal guardian.

Last Name _____ First _____ Middle Initial _____

Relationship to Student _____

Home Phone Number _____ Work or Cell Phone Number _____



Parent or Guardian Signature _____

Relationship to Student _____

Date _____

PARENT OR GUARDIAN PERMISSION TO PARTICIPATE

I, _____, give permission for my son/daughter to participate in one or more of the following programs: College Credit Plus (CCP) or Credit in Escrow (CIE). I understand the college environment does not provide extraordinary measures of safety as practiced in K-12 school buildings. Furthermore, institutions of higher education, LCCC included, provide unrestricted access to learning resources and information without additional filters that may be found in public and K-12 libraries and computer labs. I have read the High School Student Participation Form (above) and understand his/ her responsibilities. By my signature, I give permission for my child to participate in CCP or CIE, and acknowledge that my child will be expected to learn college level content that may contain material normally reserved for adults.



Make sure you've signed everywhere this icon indicates.