Ohio Post-Secondary Enrollment Options (PSO) Application

Registration Deadlines!
July 24 – Fall 2010
December 13 – Spring 2011
Enrolling in Post-Secondary Option courses now may provide students both high school and college credit. College credit that is awarded may be used at Owens Community College or for transfer to a college or university of choice after high school graduation.

**POST-SECONDARY ENROLLMENT OPTIONS (PSO)**
Under Ohio's Post-Secondary Enrollment you may enroll in classes on the Toledo-area or Findlay-area campuses or take selected Post-Secondary Enrollment Options classes at a home high school.

**YOU HAVE TWO CHOICES:**

**Option A** – Enroll for college credit only and be responsible for tuition, fees and books.

**Option B** – Enroll for high school and college credit and the tuition, fees and book expenses are paid for by the state and your home school. You would be responsible for all course expenses beyond text and workbooks.

Textbooks are the property of the College. You may purchase books if you plan to keep them.

**APPLICATION REQUIREMENTS**
1. Applicants must complete the eighth grade.
2. Applicants must complete application materials for the PSO program and submit them to Owens Enrollment Services Office. Materials include the PSO application and attached high school information form.
3. Applicants must receive passing scores on the Owens placement test for recommendation into college-level classes. Applicants may waive the placement test if they have achieved the following or better on the ACT or SAT. For the ACT: Reading (22), English (21) or Math (22). For the SAT: Verbal (425) and Math (425).
4. You cannot enroll in a specific college course if you took high school courses in the same subject area as that college course and failed to achieve a cumulative GPA of at least 3.0 on a 4.0 scale.
5. You must achieve an overall GPA of a 2.0 or higher in semester coursework at Owens to enroll in sequential semesters. You may re-apply to the program by submitting a new high school information form and meeting with an Owens PSO advisor.
6. The registration deadline for PSO students for the Fall Semester 2010 is July 24. The registration deadline for Post-Secondary students for Spring Semester 2011 is December 13, 2010. Once registered, PSO students must get permission from their high school to add or drop classes.
7. Applicants agree to abide by all the policies and procedures of Owens as well as any specific to this program. Students are required to participate in Post-Secondary Enrollment Options program attendance reporting and academic progress reporting programs. Students and their parents or guardian are required to participate in special college orientation programs.

Admission to the program does not ensure acceptance into a specific program of study. Students with exceptional circumstances or special needs whose GPA do not meet admissions standards may apply for special consideration with a letter of support from a high school principal or guidance counselor. These students, and their parents or guardian, are required to meet with an Enrollment Services Advisor prior to registration. Continued enrollment in the program is based on the successful completion of course work.

**HOW TO APPLY & REGISTER**
1. Complete the attached Post-Secondary Options application form.
2. Meet with your high school guidance counselor and complete the attached High School Information Form.
3. Submit your PSO application, High School Information Form and official high school transcript to the Owens Enrollment Services Office or Records Office.
4. Take a placement test provided at Owens or have scores on an ACT or SAT test that waives the placement test.
5. Upon acceptance, make an appointment for academic advising and registration at Enrollment Services on the campus you are attending.
6. You are required to come on campus to schedule your semester class.

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**GET STARTED BY CONTACTING THE ENROLLMENT SERVICES OFFICE.**

**Toledo-area Campus:**
(567) 661-7777 or 1-800-GO-OWENS, Ext. 7777.

**Findlay-area Campus:**
(567) 429-3509 or 1-800-GO OWENS, Ext. 3509.
This section is to be completed by your high school guidance counselor or principal.*

___ Owens Community College and High School Dual Enrollment Agreement
___ State of Ohio Post-Secondary Enrollment Option Option A _____ Option B ______

1. _____ Yes, the student and his/her parents or guardian have met with the high school counseling staff and obtained the required counseling regarding the Post-Secondary Enrollment Options program.

2. _____ Yes, I have attached a copy of the student's high school transcript to this form.**

3. Student's class status for the year he/she wants to participate in Post-Secondary Enrollment Options
   ___ Senior ___ Junior ___ Sophomore ___ Freshman

4. Number of periods in your high school's day (excluding lunch) ___________

5. Number of Carnegie Units/Credits the student is scheduled for at the high school during the academic year in which he/she plans to participate in Post-Secondary Enrollment Options ___________

6. Course(s) recommended to be scheduled at Owens Community College**
   ____________________________________________________________
   Required for High School graduation? ___ Yes ___ No
   ____________________________________________________________
   Required for High School graduation? ___ Yes ___ No
   ____________________________________________________________
   Required for High School graduation? ___ Yes ___ No
   ____________________________________________________________
   Required for High School graduation? ___ Yes ___ No
   with the assistance of an Owens Community College advisor.

AGREEMENTS AND AUTHORIZATION

The information given above is complete and accurate to the best of my knowledge. I understand that misrepresentation of facts on this application or submission of fraudulent information will be cause for refusal of admission, cancellation of admission, or dismissal from the College. The College reserves the right to revoke any degree, diploma, or certificate that may have been awarded in reliance on information contained in the application for admission if it subsequently transpires that the information was a fraudulent misrepresentation of fact. I will be responsible to pay all fees, interest, and expenses incurred. Delinquent accounts will be forwarded to the Ohio Attorney General's Office for actions, as required by the Ohio Revised Code. Students who are pursuing degrees or certificates leading to application for professional licensure or certification, and/or who will be participating in clinical placements, internships, or practica through their program, should be aware that their host facility may require a criminal background check, finger printing, or drug screening. In such situations, each student may be responsible for obtaining and paying for the background check or other screening process and for delivering required documentation to the facility. Although the College will make reasonable efforts to place admitted students in field experiences and internships, it will be up to the host facility to determine whether a student will be allowed to work at that facility. Students shall be aware that a criminal record may jeopardize licensure by the State certification body. Students should consult the certification body corresponding to their intended occupation for more details. Successful completion of a program of study at the College does not guarantee licensure, certification, or employment in relevant occupation.

By signing this application, I agree to abide by all policies, regulations, and procedures of the College and give permission for release of information regarding my progress and attendance to parent or guardian and high school/college personnel. I understand this application will not be processed until I have signed on the line below.

HIGH SCHOOL COUNSELOR OR PRINCIPAL

Please Print Name ___________________________ Signature ___________________________ Date ___________________________

STUDENT

Please Print Name ___________________________ Signature ___________________________ Date ___________________________

Please Print Name ___________________________ Signature ___________________________ Date ___________________________

Under the age of 18, Parent or Legal Guardian Signature required

Owens Community College promotes equal opportunity regardless of age, color, disability, national origin, race, religion or sex.

* Students must have this form signed by their high school guidance counselor or principal.
** Transcript is required for an Owens Community College advisor to determine eligibility to the program.
PSO Application for Admission

Toledo-area Campus
Oregon Road • P.O. Box 10,000 • Toledo, Ohio 43699-1947
1-800-GO-OWENS, Ext. 7777 • Fax: (567) 661-7418

Findlay-area Campus
3200 Bright Road • Findlay, Ohio 45840-3509
1-800-GO-OWENS, Ext. 3500 • Fax: (567) 429-3083

Please print information clearly with black or blue ink www.owens.edu

1. Semester and year for which applying  ○ Fall (August)  ○ Spring (January)  ○ Summer (June)  Yr. __________

2. Social Security Number ___________________________  3. Are you a new or returning student?  ○ New  ○ Returning

4. Last Name ___________________________  First Name ___________________________  Middle Initial ___________________________

5. Maiden Name or Other Names ________________________________________________________________

6. Permanent Mailing Address (with apartment #) ___________________________________________________________

7. City ___________________________  State ___________________________  Zip Code ___________________________  County ________________

8. Home telephone ( _________ ) ___________________________

9. Have you resided in Ohio for the last 12 consecutive months?  ○ Yes  ○ No  If no, in what state did you reside?  ___________________________

10. Gender  ○ Male  ○ Female

11. Birthdate _________ / _________ / _________

12. Marital Status  ○ Single  ○ Married

13. Ethnicity  ○ American Indian or Alaska Native  ○ Asian  ○ Pacific Islander  ○ White  ○ Black/African American  ○ Hispanic/Latino  ○ Other

14. Country of citizenship (check one)  ○ U.S.  ○ Other (specify) ___________________________

(For other, complete Immigration Status below)

Immigration status in the United States (Please attach a copy of your Visa or Permanent Resident card)  ○ F-1 Student  ○ Permanent Resident  ○ Other

15. Campus  ○ Toledo-area  ○ Findlay-area  16. What program of study are you entering at Owens?  ___________________________

17. Why are you enrolling at Owens?  ○ Personal Interest  ○ Upgrade skills  ○ Obtain new job  ○ Take a few classes to transfer

○ Certificate  ○ Degree needed for job  ○ Degree needed to transfer

18. Are you or will you be a high school graduate?  ○ Yes  ○ No  Graduation date ___________________________

19. Name of High School ___________________________________________  City, State, Country ___________________________

20. If you are not a high school graduate, have you passed the high school G.E.D. Test?  ○ Yes  ○ No  Month _________  Year _________

21. College transfer – Please list colleges you have attended, beginning with the most recent. If you are seeking a degree or certificate, then you must have your high school transcript and / or G.E.D. scores and any transcript from a college, university or institution previously attended forwarded to: Records Office, Owens Community College, P.O. Box 10,000, Toledo, Ohio 43699-1947.

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<tr>
<th>Name of Institution</th>
<th>Location</th>
<th>Dates Attended</th>
<th>From (mo/yr)</th>
<th>To (mo/yr)</th>
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I understand the submission of fraudulent information or failure to follow specified instructions may interfere with my enrollment or acceptance into certain technical programs of study. I will be responsible to pay all fees, interest and expenses incurred. Delinquent accounts will be forwarded to the Ohio State Attorney General for actions as required by the Ohio Revised Code. I agree to abide by all college policies and procedures.

Student Signature ___________________________  Date __________

Parent Signature ___________________________  Date __________

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