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

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, expenses and collection costs 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. Students who enroll in courses that exceed the maximum number of credit hours approved by the Ohio Department of Education will result in the School District or Student/Parent becoming responsible for all tuition and fees incurred for excess credit hours.

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.