



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 COMPASS assessment 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 LCCC APPLICATION FOR ADMISSION

1005 Abbe Road North • Elyria, Ohio 44035
Elyria 366-4032 • Toll Free 800-995-5222

Please use blue or black ink. Complete numbers 1 through 19 of the application.

1. Full legal name:

_____	_____	_____
Last	First	Middle Initial

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

3. Please list all former names:

_____	_____	_____
Last/Maiden	First	Middle Initial

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

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

E-mail Address _____

5. Mailing address (if different than legal address):

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

6. If you are not a financially independent student, give the name and permanent address of the person upon whom you are dependent:

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

Relationship _____

7. Gender: Female Male

8. Date of birth:

_____	_____	_____
Month	Day	Year
_____	_____	_____
Birthplace City	State	Country

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

10. 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.

11. 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 _____

12. 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

(Continued on reverse side)

OFFICE USE ONLY

Student No. _____
 School _____ Standing _____



Lorain County Community College

