

College Credit Plus

Application Signature Page

OHIO UNIVERSITY

Academic Year 2025-2026
ohio.edu/dualenrollment

Complete and Return the Student Signature and School Counselor Form

This form must be completed and signed by the student, parent/guardian, and school counselor; and submitted to the Undergraduate Admissions Office in Chubb Hall 120 along with official high school transcripts. Due to security concerns, please do not email this form. Rather, the signature page should be sent securely via mail, fax or hand delivered. Additional supporting materials must be sent from the school counselor. Questions regarding admission to College Credit Plus should be directed to the appropriate campus office.

Ohio University Athens Undergraduate Admissions Chubb Hall 120 1 Ohio University Drive Athens OH 45701 740.593.4100	Ohio University Chillicothe Office of Student Services 101 University Drive Chillicothe OH 45601 740.774.7240	Ohio University Eastern Office of Student Services 45425 National Road St. Clairsville OH 43950 740.699.2536	Ohio University Lancaster Office of Student Services 1570 Granville Pike Lancaster OH 43130 740.681.3311	Ohio University Southern Office of Student Services 1804 Liberty Avenue Ironton OH 45638 740.533.4600	Ohio University Zanesville Office of Student Services 1425 Newark Road Zanesville OH 43701 740.588.1439
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Complete in blue or black ink.

Your Information

On which campus are you submitting this application?

Athens

Chillicothe

Eastern

Lancaster

Southern

Zanesville

Student Name

Last

First

Middle

Suffix (Jr., III, etc.)

Date of Birth

mm / dd / yyyy

Statewide Student Identifier (SSID)

If you do not know your SSID, please see your school counselor.

Social Security Number (SSN) (optional)

Please verify the accuracy of your Social Security Number before submitting your application.
Entering an inaccurate SSN could cause significant problems with your student record.

Signatures

STUDENT

I understand that I am responsible for submitting complete and accurate information on my application form and in all related application materials. I certify that the information contained in this application form and in all application materials is complete and accurate, and I understand that submission of inaccurate information by me or at my direction may be sufficient cause for terminating my enrollment. I understand that I am required to notify Undergraduate Admissions if any of the information provided on this application for admission changes after submission. Ohio University reserves the right to alter terms of admission, up to and including revocation of the admission offer, if necessary. I understand that grades earned as part of any Ohio University dual enrollment program will become part of my permanent academic record with Ohio University. I understand that a student eligible to participate in College Credit Plus and admitted to a college or university will enroll in actual college courses, which may include "mature subject matter" as defined in Ohio Revised Code 3365.035. Content may include mature subject matter that will not be modified based upon College Credit Plus enrollee participation regardless of where course instruction occurs.

Student Signature

Date

PARENT/GUARDIAN

I understand the responsibilities of students and parents/guardians in this program. Further, I understand that if my student fails any course or withdraws after the course roster date, I may be held responsible for all financial obligations for that course. I understand that a student eligible to participate in College Credit Plus and admitted to a college or university will enroll in actual college courses, which may include "mature subject matter" as defined in Ohio Revised Code 3365.035. Content may include mature subject matter that will not be modified based upon College Credit Plus enrollee participation regardless of where course instruction occurs; and my signature indicates permission is granted to participate in College Credit Plus. It is the parent's or guardian's responsibility to be aware of and monitor the student's enrollment based on information provided by the college.

Parent/Guardian Signature

Date

SCHOOL COUNSELOR

I have advised this student and their parent/guardian of the options and conditions for enrollment in Ohio University dual enrollment programs and have verified that the student has submitted the Intent to Participate in College Credit Plus form by April 1 or has been approved by the school district as an exception.

School Counselor Signature

Date