

Ott erbein Collegiate Institute (OCI) High School Information Form

To be completed by school principal or counselor.

Applicant Information

Last name: _____ First: _____ Middle: _____

Date of birth (month/date/year): _____

Middle / High school Information

Student State ID (SSID): _____

School name: _____ CEEB/ IRN code: _____

School type:

Public Non-public Home school

If public: This student has filed a letter of intent to participate in College Credit Plus by the state deadline.

Yes No

If non-public or home school: This student will apply for College Credit Plus funding through the state of Ohio.

Yes* No

*Please provide a copy of the funding letter from the state.

Does the student plan to use state funding for CCP at any other colleges or universities during the same time?

Yes No

Academic Information

The applicant's high school rank is: _____ in a total class of _____ (Approximate if necessary)

Weighted GPA: _____ on a _____ scale

Unweighted GPA: _____ on a _____ scale

Is the applicant enrolled in a college preparatory curriculum? Yes No

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Rating

Please rank the student on the following areas:

Not Applicable	Excellent	Good	Average	Poor
Motivation				
Time Management				
Maturity				
Written Expression				
Oral Expression				
Leadership Qualities				

Recommendation

What are the student's goals for participating? Do you feel this student is ready to handle college level courses in an independent living environment? *Attach additional pages if more space is required.*

Certification: I have fully advised this student and his/her parent(s) or legal guardian(s) of the available options and ramifications involved in the College Credit Plus program.

Signature of person completing form: _____ Date: _____

Printed name: