Post-Secondary Enrollment Options Program
In Partnership with the Cleveland Clinic’s Office of Civic Education

John Carroll University’s College of Arts and Sciences is pleased to offer John Carroll credit to qualified high school students who participate in the Cleveland Clinic’s Summer Internship offered through the Office of Civic Education Initiatives.

Students who participate in the summer program have the following option which allows high school students to choose, upon enrollment, college credit. In this case the cost of the program is funded entirely by the student’s family. (Tuition for three semester credits is $900.00; this represents a tuition discount for students enrolled in the CCF programs).

Admission Criteria
Students seeking admission to John Carroll University’s PSEO Program with the Cleveland Clinic’s Office of Civic Education should meet or exceed the following criteria:
- 3.0 cumulative high school grade point average based on a 4.0 scale;
- Mastery of introductory college prep curriculum;
- An ACT composite score of 23 or combined SAT score of 1070;
- In addition, students earning JCU credit must agree to participate in an evening activity on JCU’s campus in July, (date to be determined). The activity will begin at 5:30 and include a campus tour, a lab experience, and dinner.

Application Procedures
Students seeking admission to John Carroll University’s PSEO Program are responsible for submitting the following application materials by JUNE 30:
- PSEOP Application
- PSEOP Counselor/Principal Recommendation Form
- Official High School Transcript (received in a sealed envelope)
- ACT or SAT scores

Return all of the PSEOP application materials at one time in a single envelope. Please provide your counselor or principal a business sized envelope for your letter of recommendation, official SAT/ACT scores (if available), and official transcripts. Counselor or principal should sign his or her name over the seal on the back of the envelope and return to you. All materials should be mailed to:

Division of Enrollment
John Carroll University
1 John Carroll Blvd.
University Heights, OH 44118.

For more information, please contact Rebecca Dinnen at 216-397-4294 or rdinnen@jcu.edu
Summer PSEOP Application
Please print clearly in ink.

Cleveland Clinic Program Name ________________________________________________________

**Students:** When you have completed this form, meet with your guidance counselor or administrator at your high school responsible for the Postsecondary Enrollment Options Program (PSEOP).

**Section 2 Full Name and Prior Attendance**
I plan to begin: Summer 20____

Legal Last Name __________________________ Legal First Name ____________________________

Middle Name __________________________ Suffix (Sr., Jr., II, etc.) ________________________

Previous Last Name (if applicable) ______________________________________________________

Social Security Number _____________ - ___________ - _________ Male____ Female____

Birth date: Month________ Day________ Year ______________

**Section 3 Permanent Address and Phone**

Permanent Street Address ________________________________________________________________

City ______________________ State________ Zip ___________ County_____________________

Home Phone (_____) _______________________________ Cell Phone (_____) ___________________

Student Email Address (print neatly) ______________________________________________________
Section 4 Personal Information

Are you a United States citizen?  _____ Yes  _____ No
If No, and you are a permanent resident, provide your country of citizenship, permanent resident card number and date granted.______________________________________________

Are you an Ohio resident?  _____ Yes  _____ No

Ethnic Category: Ethnic information is used for reporting purposes only. Please select one or more as appropriate.

_____ African American  _____ American Indian or Alaskan Native  _____ Hispanic or Latino
_____ Caucasian American  _____ Asian American or Pacific Islander American  _____ Other

Have you ever been convicted of a criminal offense or have charges pending against you at this time (other than minor traffic violations)?  _____ Yes  _____ No

Have you ever been dismissed, suspended or placed on probation by any other college or university for a non-academic reason?  _____ Yes  _____ No

Parent or Guardian Name
____________________________________________________________________________________

Last Name (print)  First Name  Middle

Permanent Street Address_______________________________________________________________

City_________________________State_____________Zip________________________County__________________

Home Phone (_____) __________________________ Cell Phone (_____) __________________________

Parent Email Address_______________________________________________________________

Section 5 High School Information

Are you homeschooled?  _____ Yes  _____ No

High School Name_______________________________________________________________

High School Code_________ School District_____________________________________________________

High School Address_______________________________________________________________

City_________________________State_____________Zip________________________County__________________

Phone (____) __________________________

Guidance Counselor’s name you consulted about PSEOP_____________________________________

Guidance Counselor’s Email Address_____________________________________________________

Expected Graduation or GED Date: Month_________________________Year 20________________________

Current High School Class  _____ Sophomore  _____ Junior  _____ Senior
Intended College Major __________________________________ Check if Undecided ______

Have you taken the ACT or SAT? _____ Yes _____ No

Month and Year of most recent test ________________________________

Are you scheduled to take the ACT or SAT in the future? _____ Yes _____ No

If yes, when? ________________________________

While in high school, have you participated in a Post-Secondary Enrollment Option program, Dual Credit program, or taken college courses for credit? If yes, you must complete Section 6- Previous College Information. _____ Yes _____ No

**Section 6 Previous College Information**

Complete only if you have any previous college attendance. You must submit official college transcripts from any institution listed.

<table>
<thead>
<tr>
<th>Institution</th>
<th>City/State</th>
<th>From-To Month and Year</th>
<th>Degree Obtained (if any)</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

**Section 7 Permission for Required Notifications and Financial Responsibility Acknowledgement**

The purposes of this section are to give the University permission to release information required by the law to notify the parent/guardian, school district and State Superintendent of Public Instruction about admission, course enrollment, failure to complete course(s) and grades earned.

I give John Carroll University permission to:

- send any grades I receive in this program to my school district.
- notify me, my school district and the State Superintendent of Public Instruction of my acceptance into the Post -Secondary Enrollment Options Program
- notify me, my school district and the State Superintendent of Public Instruction of my course registration(s) under this program, and
- notify me, my parent/guardian, my school district and the State Superintendent of Public Instruction if I fail to complete one or more courses as a result of a formal withdrawal process or if I fail to attend classes regularly that are taken under this program.

**Applicants and Parents/Guardians Must Sign Here**

__________________________________________ __________________________
Applicant’s Signature Date Parent/Guardian’s Signature Date

John Carroll University **1 John Carroll Blvd** University Heights, OH 44118
Phone: 216-397-4294
Section 8 Applicant and Parent/Guardian Signatures

By my signature, I attest to the fact that all information given on this application is complete and correct. Any intentional omission or falsification will result in denial of admission or immediate dismissal.

Applicant's Signature _______________________________ Date ___________ Parent/Guardian's Signature _______________________________ Date ___________

Office Use Only

Accepted ___________ Denied ___________

Official High School Transcript Received

ACT or SAT Scores Received

Date Admitted in Banner ___________________________ Processor ___________________________

PSEOP Staff Signature ___________________________ Date ___________

Comments:__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________
JOHN CARROLL UNIVERSITY
PSEOP Counselor/Principal Recommendation
And Official High School Transcript Request

This section is to be completed by the Student

Applicant’s Name (Last) ______________________________________ (First) __________________ (M.I.) __________

Under the provisions of the Family Educational Rights and Privacy Act, the applicant for John Carroll University’s Post-Secondary Enrollment Options Program has the right to retain or waive access to references provided by high school teachers and administrators. Access will be granted to the student/parent unless this waiver is signed by the student and parent/guardian.

I hereby waive the right to review references provided by high school teachers and administrators for John Carroll University’s Post-Secondary Enrollment Options Program.

_________________________________________________        ______________________________________________
Applicant’s Signature     Date      Parent/Guardian’s Signature      Date

After completing the above information, deliver this form and an envelope to your high school counselor. Your counselor will complete the bottom section and return this form and an official high school transcript to you in a sealed envelope. It is your responsibility to allow enough time for your counselor to complete this form and return it to you prior to the deadline.

This section is to be completed by the High School Counselor/Principal

1. Student’s grade point average in high school: ________________ on a _______________ scale.

2. Student’s ACT/SAT scores: (include official copy)

<table>
<thead>
<tr>
<th>English</th>
<th>Mathematics</th>
<th>Reading</th>
<th>Sci Reasoning</th>
<th>Composite</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

| Use/Mech Rhet | ELAlg/AlgGeo/GeoTrig | SocSci | ArtsLit |

3. Student’s college Preparatory Units completed by the end of the current academic year:

<table>
<thead>
<tr>
<th>English</th>
<th>Mathematics</th>
<th>Science</th>
<th>Social Studies</th>
<th>Foreign Language</th>
<th>Fine Arts</th>
<th>Total</th>
</tr>
</thead>
</table>

Please complete this section by rating the following statements: 1=LOW 5=HIGH

4. Student’s social maturity

5. Student’s ability to study independently

6. Do you recommend this student for JCU’s PSEO Program

7. Comments (use back if desired)

_________________________________________        ______________________________________________
Counselor/Principal Signature     Date      Counselor Print Name and Title
NOTE! Do not mail or fax this form. Seal this form and the applicant’s official high school transcript in an envelope and return DIRECTLY TO THE APPLICANT. It is the responsibility of the applicant to return these items with his or her PSE Application for Admission to John Carroll University by the deadline.

Please include the applicant’s official high school transcript with this form.

Please include an official copy of student’s ACT/SAT scores if they are not on the transcript provided they are available.