



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

JOHN CARROLL UNIVERSITY

Post-Secondary Enrollment Options Program
CLEVELAND CLINIC APPLICATION

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.

Institution	City/State	From-To Month and Year	Degree Obtained (if any)

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

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

- Student's grade point average in high school: _____ on a _____ scale.
- Student's ACT/SAT scores: (include official copy)

English	Mathematics	Reading	Sci Reasoning	Composite
Use/Mech Rhet	EIAlg/AlgGeo/GeoTrig	SocSci	ArtsLit	

- Student's college Preparatory Units completed by the end of the current academic year:

English _____ Mathematics _____ Science _____
 Social Studies _____ Foreign Language _____ Fine Arts _____ Total _____

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

- Student's social maturity 1 2 3 4 5
- Student's ability to study independently 1 2 3 4 5
- Do you recommend this student for JCU's PSEO Program 1 2 3 4 5
- 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.