



What course(s) are you interested in taking through CCP on our campus?

What time of day would be most beneficial to take classes with your schedule?

If you have taken other courses through CCP at another university, please share here. (Note: students must provide transcripts of all course grades for registration purposes.)

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John Carroll University is committed to maintaining a safe environment for all members of our community. The following questions **MUST** be answered by all applicants. An affirmative answer to either question does not automatically bar admission to the university but does require further review.

**If you answer YES to either of the below questions, attach a statement of explanation.**

- A. Have you ever been convicted of a criminal offense other than a minor traffic violation, or are such charges currently pending against you at this time?  
 Yes     No
- B. Have you ever been dismissed, suspended, or placed on probation for nonacademic reasons by any secondary high school, college, or university?  
 Yes     No

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**To be signed and completed by the high school/middle school counselor or principal:**

I have fully advised this student and his/her parents of all the available options and ramifications involved in the College Credit Plus program. It is my opinion that this student has the academic background and maturity necessary to complete college level course work.

Name  Title   
Signature  Date   
School  Email  Phone

**To be signed and completed by the student:**

I have been advised and understand all the options available to me under the College Credit Plus program. I authorize all secondary schools I've attended to release all requested records and authorize review of my application. I understand that all grades earned in courses taken at John Carroll University will become part of my academic record and will be permanently maintained at the University. I understand that my academic records and personally identifiable information concerning my financial and academic records can be released to my school. Furthermore, I certify that to the best of my knowledge the information given in this application and accompanying materials is true.

Signature  Student State ID #  Date

**To be signed and completed by the parent/legal guardian:**

I have had all the options and ramifications of the College Credit Plus program explained to me and I fully understand them. I further understand my financial obligation should my child withdraw from or fail any course.

Signature  Date

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**Mail this completed application to:**

John Carroll University  
Office of Admission  
1 John Carroll Boulevard  
University Heights, OH 44118

Upon admission you will receive information regarding course registration and other details for classes. For more information visit <http://go.jcu.edu/ccp>.