Dual Credit Admissions Checklist

Student Name _________________________________ CPS # _____________________________

High School _________________________________________ Grade Level _______________

Contact Phone: ( ) _________________ Email: _________________________________

ON-LINE APPLICATION
 Complete a CCC admissions application at my.ccc.edu NOTE: Submission does not require a social security #.

PARENTAL PERMISSION FORM
 Download and complete permission form; obtain parent/guardian and counselor signature www.ccc.edu/earlycollege

SATISFACTORY ACADEMIC PROGRESS DISCLOSURE
 Download, READ and SIGN; obtain parent/guardian signature www.ccc.edu/earlycollege

IDENTIFICATION
 Copy of Valid Chicago high school, OR State ID

ADDITIONAL DOCUMENTS
 CPS Media Release
 CCC Transcript Request Form


COURSE SELECTION(S) *students are approved to enroll in up to four courses at your high school
(1) ____________________________________________________________
(2) ____________________________________________________________
(3) ____________________________________________________________
(4) ____________________________________________________________

NEXT STEPS
1. Placement: If SAT Score is unavailable please take the CCC Placement Test
2. Submit all signed documents with this cover sheet for each student packet to the CCC Early College Coordinator
3. Secure confirmation of student’s registration from CCC Early College Coordinator

<table>
<thead>
<tr>
<th>CCC Campus</th>
<th>DE Representatives</th>
<th>Email Address</th>
<th>Contact Number</th>
<th>Fax Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daley College</td>
<td>Raeann Gist</td>
<td><a href="mailto:earlycollegeda@ccc.edu">earlycollegeda@ccc.edu</a></td>
<td>773-838-7729</td>
<td>773-838-7605</td>
</tr>
<tr>
<td>Harold Washington College</td>
<td>Kim Bowens</td>
<td><a href="mailto:kbowens3@ccc.edu">kbowens3@ccc.edu</a></td>
<td>312-553-5666</td>
<td>312-553-5868</td>
</tr>
<tr>
<td>Kennedy- King College</td>
<td>Tanisha Earwin</td>
<td><a href="mailto:earlycollegekkc@ccc.edu">earlycollegekkc@ccc.edu</a></td>
<td>773-602-5037</td>
<td>773-602-5120</td>
</tr>
<tr>
<td>Malcolm X College</td>
<td>Kathy Jones</td>
<td><a href="mailto:kjones245@ccc.edu">kjones245@ccc.edu</a></td>
<td></td>
<td>312-850-7338</td>
</tr>
<tr>
<td>Olive- Harvey College</td>
<td>Holly Washington</td>
<td><a href="mailto:hthrash@ccc.edu">hthrash@ccc.edu</a></td>
<td>773-291-6478</td>
<td>773-291-6599</td>
</tr>
<tr>
<td>Truman College</td>
<td>Erika Littles</td>
<td><a href="mailto:elittles@ccc.edu">elittles@ccc.edu</a></td>
<td>773-907-4344</td>
<td>773-506-3855</td>
</tr>
<tr>
<td>Wright College</td>
<td>Mila Simeonovska</td>
<td><a href="mailto:msimeonovska@ccc.edu">msimeonovska@ccc.edu</a></td>
<td>773-481-8234</td>
<td>773-481-8039</td>
</tr>
</tbody>
</table>
# Dual Credit Application/Permission Form

| **STUDENT NAME** |  |
| **STREET ADDRESS** |  |
| **CITY, STATE AND ZIP** |  |
| **PHONE NUMBER (HOME/CELL/RELATIVE OR COUNSELOR)** |  |
| **EMAIL ADDRESS** |  |
| **HIGH SCHOOL NAME** |  |
| **HIGH SCHOOL STUDENT ID** |  |
| **GRADUATION YEAR:** **20_ _** | **GRADE LEVEL** • **SOPHOMORE** • **JUNIOR** • **SENIOR** |
| **STATUS:** | • **NEW DC STUDENT** • **RETURNING DC STUDENT** |
| **DATE OF BIRTH:** | _____/_______/__________ |

All information contained in my application is complete, factually correct, and honestly presented. My parent(s) or guardian grants permission for me to enroll at City Colleges of Chicago. I understand that Dual Credit classes will be taught at ___________________________ high school. **I understand that I am not to self-enroll into any CCC courses and will be liable for any tuition if I do.** As a dual credit student, I may review the Family and Educational Rights Privacy Act by visiting:  

I understand that I will be held to college-level standards and that I must successfully complete the course with a grade of ‘C’ or higher in order to participate in future Dual Credit/Dual Enrollment courses. I understand that my student ID, attendance, grades (mid-term and final), test scores (ACT, SAT, or CCC Placement tests) will be shared between CPS and CCC. **Students with previous balances or debts with the City Colleges of Chicago must pay them in full before enrolling in Dual Credit / Dual Enrollment courses.**

| **Student’s Signature:** |  | **Date:**  |
| **Parent’s/Guardian’s Signature:** |  | **Date:**  |
| **Name of Dual Credit Liaison** | **Signature/ DC Liaison or HS Counselor** | **Grade Point Average** |
| **Name of High School** | **School Phone Number** | **Date** |

For CCC Office Use Only: **PeopleSoft ID #**
Dual Credit registration means an official college transcript has begun with documentation of each course attempted. Therefore, Dual Credit students are treated as college students with the following responsibilities and privileges:

- Students are responsible for withdrawing from the CCC enrollment of a course by the established deadlines if they believe that their progress will not lead to a passing grade of “C” or better. Students who elect to decline the college credit by withdrawing from CCC will still be enrolled in the high school credit portion of the course. As such students are required to meet their schools standards for passing if they are to earn high school credit.
- Students who successfully complete Dual Credit course will have credits that will count towards degree completion at City Colleges of Chicago (CCC) or any other 2-year and 4-year college/university.

**Federal Guidelines:**
City Colleges of Chicago’s (CCC) Satisfactory Academic Progress (SAP) policy follows federal regulations for Satisfactory Academic Progress (SAP), which define the standards students must meet to maintain their financial aid eligibility for their entire college career. SAP is cumulative in nature: it takes into account all classes attempted. SAP affects all students. CCC requires all students to achieve a minimum GPA standard and a 67% Course Completion Rate – regardless of payment method or enrollment status – to remain in good academic standing. For more information go to http://www.ccc.edu/services/Pages/SAP-Understanding.aspx.

**Measures in Place to Safeguard Satisfactory Academic Progress**
CCC is committed to using its Early College Programs to promote students’ college readiness and future success in post-secondary education. Students are supported and monitored with the following resources:

1. Students are prohibited from enrolling in more than one course a semester as a Dual Credit participant.
2. Students can elect to withdraw from the course before the Statistical date after the class starts. The withdrawal (WTH) will appear on the student's permanent academic record but will be excluded from Grade Point Average (GPA) calculations. Student initiated withdrawals occurring after the Statistical date will be counted as registered hours. Inquire with the Dual Credit liaison about specific dates.
3. Students have access to CCC’s Learning Resource Centers where they can receive tutoring.
4. Academic Advising & Support: Students should consult with their Academic Advisors, Dual Credit liaison or Professors for assistance.
5. Mid-term grades are sent to the CCC Dual Credit team and Chicago Public Schools. Students with grades below a “C” are alerted and will be consulted on either withdrawing from the course or assistance to pass the course. Withdrawal after the Statistical date will affect the Course Completion rate of SAP.

My signature below denotes that I understand the impact my performance in a Dual Credit Course will have on my college career. I am participating in this program to earn college credit. I understand that I need to pass my course with a grade of C or better to maintain Satisfactory Academic Progress. I understand that I can delete my course without an impact on my SAP up to a few days of the course starting. Check with Early Coordinator or Guidance Counselor for exact timeframe as it varies each semester. After that it is my responsibility to complete the course or withdraw from the class before the final deadline if I do not believe I will earn a passing grade. My course instructor also has the right to drop me from college credit portion of the course if he/she doesn’t believe I am meeting the standards to pass. Any grades of D or F as well as all withdrawals after the first few days will prohibit me from registering for additional Dual Credit/Dual Enrollment courses in order to prevent any further negative impact on my SAP.

| Student’s Signature: ___________________________ | Date: __________________ |
| Parent’s/Guardian’s Signature: ___________________ | Date: __________________ |
# Returning Student - All Career Enrollment/Scheduling Card

**College & Satellite Campus**
- KR
- DTI
- HW
- MX
- WLSL
- TR
- LEC
- TTC
- CH
- SOLE
- DA
- AVI
- WR
- HPV

**Term:**
- (SU: Summer, FA: Fall, SP: Spring)

**Year:** 20

**First name:**

**Middle initial:**

**Last name:**

Please check (✓) if information was received:
- [ ] Voter registration
- [ ] Miscellaneous health information

<table>
<thead>
<tr>
<th>Hispanic or Latino (or of Spanish Origin): Yes Hispanic or Latino</th>
<th>Not Hispanic or Latino</th>
<th>Are you in the U.S. on a Visa (Nonresident Alien)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] American Indian or Alaska Native</td>
<td>[ ] Asian</td>
<td>[ ] Yes</td>
</tr>
<tr>
<td>[ ] Native Hawaiian or Other Pacific Islander</td>
<td>[ ] Black or African American</td>
<td>[ ] No</td>
</tr>
<tr>
<td>[ ] White</td>
<td>[ ] Choose not to Respond</td>
<td>[ ] Hispanic or Latino</td>
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</tbody>
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<tr>
<th>Racial Group (select all that apply):</th>
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<tbody>
<tr>
<td>[ ] American Indian or Alaska Native</td>
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<tr>
<td>[ ] Asian</td>
</tr>
<tr>
<td>[ ] Black or African American</td>
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<td>[ ] Native Hawaiian or Other Pacific Islander</td>
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<tr>
<td>[ ] White</td>
</tr>
<tr>
<td>[ ] Choose not to Respond</td>
</tr>
</tbody>
</table>

Please print your Home Country of Origin:

**FOR OFFICE USE ONLY**

**Declaration of Intent** (To be completed with an advisor: Required for all new students & returning students changing their academic plans)

- [ ] Academic career
- [ ] Semester Credit

- [ ] Academic program
- [ ] TRN: Transfer
- [ ] WKY: Workforce (Business/Occupational) financial aid eligible
- [ ] WKN: Workforce (Business/Occupational) non-financial aid eligible
- [ ] CRE: Course Taker

- [ ] Academic plan
- [ ] Dual Credit

- [ ] Residency (ID: In District, OD: Out-of-district [in Illinois, not Chicago], OS: Out-of-state, VI: Visa)
- [ ] Visa Type (F1, H1B, H1C, H4, J1, J2, L1, L2)

- [ ] Working in the City of Chicago Y: Yes, N: No
- [ ] Name of Employer:
- [ ] Employer Phone Number:

Document used to verify residency: ____________________________

Verified by: ____________________________

Please complete information on back page.

06/20/2010
Please complete the Student Intent and Residency Information.

**Student intent:**
1. Transfer to 4-year college
2. Improve present job skills
3. Prepare for future job
4. GED / Basic Skills / ESL
5. Pursue personal interest
6. Unknown / other

**Annual Family Income:**
- A: Less than $2,999
- B: $3,000 - $5,999
- C: $6,000 - $8,999
- D: $9,000 - $11,999
- E: $12,000 - 14,999
- F: $15,000 - 17,999
- G: $18,000 - 20,999
- H: $21,000 - 23,999
- I: $24,000 - 26,999
- J: $27,000 - 29,999
- K: $30,000 - 35,999
- L: $36,000 - 41,999
- M: $42,000 - 47,999
- N: $48,000 - 53,999
- O: $54,000 - 59,999
- P: $60,000 or more
- Q: Not indicated

**Number of children dependant upon your income**

Please update the following information if there have been changes since your last enrollment.

**Name change**

First name ___________________________ Middle initial __________ Last name ___________________________

**New home street address**

City ___________________________ State ______ Zip ______ County ____________

**Home phone number**

(B: Business, C: Cellular) Phone number _______ _______ _______ _______

**New emergency contact**

Relationship: ___________________________ (e.g. Father, Mother, Spouse, .......)

Last name ___________________________ First name ___________________________

**Emergency contact address**

City ___________________________ State ______ Zip ______

**Contact home phone**

(B: Business, C: Cellular) Phone number _______ _______ _______ _______

FOR OFFICE USE ONLY

Action: ENRO (enroll/add course), AUD (audit a course), DROP (withdrawal/drop course). Reason: DEL (administrative delete), WTH (student-initiated withdrawal)

<table>
<thead>
<tr>
<th>Action</th>
<th>Reason</th>
<th>Class number</th>
<th>Subject</th>
<th>Catalog number</th>
<th>Section</th>
<th>Credits</th>
<th>Override</th>
<th>Authorization</th>
<th>Course description</th>
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**Student Signature**

I certify that the information contained on this form is true to the best of my knowledge. (Upon signing, you are responsible for tuition and all related fees.)

**Signature of school designee**

Today's date ________ Month ________ Day ________ Year ________
Official transcripts will be given to student. Do not open if you need to submit to a college. You do not need to know which college you will attend.

Please provide the first and last CCC college attended, along with the year:

First College Attended  | Year  | Last College Attended  | Year

Student ID Number  | Social Security Number

Last Name  | First Name  | M.I.

Former Name(s) (if applicable)

Current Street Address  | Apt/FL./Suite/#

City  | State  | Zip Code

Phone Number  | Type  | E-mail Address

Do not complete this section. One official transcript will be given to the student.
CHICAGO PUBLIC SCHOOLS
MEDIA CONSENT FORM AND RELEASE

School ___________________________
Date ____________________________

____ I hereby consent to have _________________________________
(relation, full name, date of birth)
photographed, video taped, audio taped or interviewed by the Board of Education of the
City of Chicago (the "Board") or the news media when school is in session or when my
child is under the supervision of the Board. I understand in the course of the above
described activities that the Board might like to celebrate my child's accomplishments
and work. Therefore, I further consent for the Board's release of information on my
child's name, academic/non-academic awards and information concerning my child's
participation in school-sponsored activities, organizations and athletics.

I also consent to the Board's use of my child's name, photograph or likeness,
voice or creative work(s) on the Internet or on a CD or any other electronic/digital media
or print media.

As the child's parent or legal guardian, I agree to release and hold harmless the
Board, its members, trustees, agents, officers, contractors, volunteers and employees
from and against any and all claims, demands, actions, complaints, suits or other forms
of liability that shall arise out of or by reason of, or be caused by the use of my child's
name, photograph or likeness, voice or creative work(s), on television, radio or motion
pictures, or in the print medium, or on the Internet or any other electronic/digital medium.

It is further understood and I do agree that no monies or other consideration in
any form, including reimbursement for any expenses incurred by me or my child, will
become due to me, my child, our heirs, agents, or assigns at any time because of my
child's participation in any of the above activities or the above-described use of my
child's name, photograph or likeness, voice or creative work(s).

I understand that I may cancel my consent by providing written notice to the
principal.

Signature of Parent or Guardian or Student if age 18 or over

____ I do not consent to my child being photographed, video taped, audio taped and/or
interviewed by the Board or the news media when school is in session or when my
child is under the supervision of the Board. I do not consent for the Board to use creative
work(s) generated and/or authored by my child on television, radio or motion pictures,
or in the print medium, or on the Internet or any other electronic/digital medium.

Signature of Parent or Guardian or Student if age 18 or over

(773) 553.2150  Office of P-12 Management  9.7.2011