

MUSKINGUM

U N I V E R S I T Y

College Credit Plus Instructions

Students interested in taking classes from Muskingum University through Ohio's College Credit Plus program must submit the following materials:

- College Credit Plus Application
- Official High School Transcript (directly from the high school)
- ACT or SAT scores
- Letter of recommendation, preferably from a teacher in a subject area which the student is interested in pursuing

Some classes may require additional testing, including for continuing College Credit Plus students who may wish to take a subsequent course in a different area of study. You may be eligible to take up to 2 classes each semester.

Consideration for admission to the College Credit Plus program involves a holistic review of each candidate's academic credentials, with particular attention being paid to readiness for college-level study in the courses sought by the student.

Application and supporting documentation can be sent to:

The Office of Admission, Muskingum University, 163 Stormont Street, New Concord, Ohio 43762.

MUSKINGUM

U N I V E R S I T Y

College Credit Plus Application

Mr./Miss	Last Name	First Name	Middle	Nickname	
Address 1	Address 2	City	State	Zip	County
Home	Cell	E-mail	SSN	Birthdate	

Are you a US Citizen? Yes No If no, indicate country of citizenship: _____

Proposed entrance Date: Fall Semester Spring Semester Year _____

Do you plan to take classes: On Campus at High School

High School Information

Name of High School	City	State	Zip	SSID
Guidance Counselor	School Phone	Date of Graduation		

Have you previously attended Muskingum University? Yes No If yes, list dates of attendance: _____

When did you or will you take the ACT/SAT? _____

List courses for which you plan to enroll:

I certify that the statements made in this application and all related forms are correct and complete.

I hereby request/authorize Muskingum University personnel to disclose information or copies of academic, co-curricular, or any and all other records maintained by the institution (limitations noted below) to the following named individual(s):

This authorization will continue until such time as it is revoked in writing by the signatory. This information may be transmitted in person, through electronic services or via mail. In signing this document, the individual releases Muskingum University including its Board, employees, and agents, of any responsibility for misappropriation of the information released.

Parent/Guardian Printed Name & Signature _____ Circle: Parent/Guardian/Other _____ Date _____

Student Signature _____ Date _____