



Ron Blue Registration Form

Student Name: _____

Phone Number: _____

School District of Residence: _____

Birth Date: ____/____/____

Public or Non-public? _____

Summer, Fall, or Spring term?	OCU Course Number	Course Name	Course Format (Circle format that applies)	Day / Period / Section	Number of Credits	Check if Self Pay
			Online/OCU Campus/ High School			
			Online/OCU Campus/ High School			
			Online/OCU Campus/ High School			
			Online/OCU Campus/ High School			
			Online/OCU Campus/ High School			
			Online/OCU Campus/ High School			
			Online/OCU Campus/ High School			

ALL SIGNATURES ARE REQUIRED TO PROCESS REGISTRATION REQUEST
* use e-sign or by typing your name in the signature field, you are signing this document.

I certify that the student has permission to attend Ohio Christian University under the College Credit Plus (CCP) program. The above student is registered for ____ Carnegie units at the secondary school, and is eligible to take ____ credits at the college for this semester. No more than the equivalent of 30 college credits for the year and 120 college credits maximum while participating in CCP. To determine the available college credits for the year, the formula is: $30 - (\text{Carnegie units} \times 3) = \text{available college credits}$.

Signature of Authorizing Secondary School Official* _____ Email Address _____ Date _____

Financial Responsibility: If the above student fails to complete one or more courses successfully, the student/parent assumes full financial responsibility for the course and related expenses payable to the secondary school. If the student is in a non-public school, it is understood that, should the state choose not to fund the student's participation, I will be responsible for payment of tuition, fees, books, and materials required for each course.

Signature of Parent or Legal Guardian* _____ Print Name _____ Date _____

Signature of Student* _____ Print Name _____ Date _____

(For Office Use Only)

Signature of Ohio Christian University CCP Advisor* _____ Date _____ Signature of Ohio Christian University Registrar* _____ Date _____