

## Dual Enrollment New Student Check Off List

- **Read and complete each step for registering for Dual Enrollment.**
- **Without all the information requested your application will be considered incomplete and will not be accepted.**

- Complete the **Application** for admission. The application form must be signed by the student and a parent unless you are 18 yr old.
- Pay a one time **Application Fee** of \$10.00. (non-refundable)
- Complete the **Hepatitis B Form**. One box must be checked. If you have completed the series of vaccines and are unsure of the dates just estimate when. This form must also be signed by a parent if you are not 18.
- Include your high school **Transcripts and ACT, SAT, or Plan Scores** with your application. Scores must meet the minimum requirements of a 19 composite and 19 in the subject area with a 3.0 GPA.
- Registration Form**: At the top of the page place a check mark that you are a new student. Provide your name, social security number, address, phone numbers, email address, and the name of your high school, private school, or home school. Fill in the class or classes you want to take with all the required numbers, class names, where you are taking the class, and sign and date at the bottom of the page.
- ID's and Parking Permits** are required if you are taking classes on any of the Cleveland State campus's. **Parking permits** can be picked up at the front desk of the administration building on the main campus or the Athens/Vonore sites. A new parking permit is required at the beginning of each school year (August). **ID's** are made on the main campus in the fitness center.
- Lottery Deadlines, Registration and Confirmation**: The **Deadlines** are September 1<sup>st</sup> for fall, February 1<sup>st</sup> for spring, and May 1<sup>st</sup> for summer. You cannot register late because these sites are closed for registering after the deadline. NO EXCEPTIONS! You can **Register** for the lottery on either site then attach your **Confirmation** to the registration form:  
**[www.collegepaystn.com](http://www.collegepaystn.com) or <https://egrands.guarantorsolutions.com/scholarshipapps/>**.  
The lottery pays \$300 to one college only per semester and a total of \$600 a year.
- Tuition Balance Payment** can be made by credit card online through your CougarNet account or by phone to the business department at 1-800-604-2722 ext 238. Cash payments can be made at any Cleveland State campus (Cleveland, Athens, or Vonore).
- If you **Do Not Want the Lottery** or if you are taking **Classes at Another College** and have used your \$300 lottery grant there please write this information on the top of your registration form.
- Read and sign the **Authorization Form** to release information to give your parents access to your records.

If you need assistance or have questions please call 423-614-8734 or 1-800-604-2722 ext.734.

# Cleveland State Community College

P.O.Box 3570 • Cleveland, TN 37320-3570 • (423) 472-7141 • Fax (423) 478-6255 • (800) 604-2722

## Application for Dual Enrollment Admission

### FOR OFFICE USE ONLY:

\$10 Application fee paid

Yes  No

Date Paid: \_\_\_\_\_

Receipt No.: \_\_\_\_\_

Cashier's Initials: \_\_\_\_\_

New Student

Semester you plan to enroll (Check one):  Fall  Spring  Summer 20\_\_\_\_\_

\*Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Social Security number is secured

\_\_\_\_\_  
Last Name First Name Middle Name Jr., III, etc.

Permanent Address \_\_\_\_\_  
Street City State Zip

E-mail Address \_\_\_\_\_ Home Phone \_\_\_\_\_

County \_\_\_\_\_ Cell Phone \_\_\_\_\_

We request your completion of the following **for reporting purposes only**. This information will not be used to discriminate against any applicant in the admission decision: **Gender:**  Male  Female

**Do you consider yourself to be Hispanic/Latino/Spanish origin?**  Yes  No

**Select one or more of the following racial categories to describe yourself:**  White  Black or African American

Asian  American Indian  Alaskan Native  Native Hawaiian or Other Pacific Islander

U.S. Citizen:  Yes  No If no, country of citizenship \_\_\_\_\_

Visa (type) \_\_\_\_\_ Expiration Date \_\_\_\_\_

Is English your native language?  Yes  No

Have you taken the ACT, PLAN or SAT within the past three years?  Yes  No

If Yes, check one:  ACT  PLAN  SAT Testing Date: \_\_\_\_\_

### Selective Service Information (Males 18 to 26 Years of Age ONLY)

\*All male citizens of the U.S. or Resident Aliens between the ages of 18 and 26 must be registered with the Selective Service prior to registering for classes.

Indicate whether or not you have registered with Selective Service.  Yes  No  Exempt

### Secondary Education Information

What High School, Private or Home School do you attend? \_\_\_\_\_

Date you will Graduate (month/year) \_\_\_\_\_

### Program Information

I do not plan to seek a degree at this time. I will be enrolling as Dual Enrollment (please mark one):

General Education

Business Technology

## In case of emergency contact

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Street City State Zip  
Telephone (work) \_\_\_\_\_ (home) \_\_\_\_\_ (cell) \_\_\_\_\_

## Parent or Guardian completes

I understand the conditions under which the student is enrolling at Cleveland State Community College and grant permission for such enrollment.

Parent/Guardian's Signature/Date:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

## IMPORTANT - All Applicants must read and sign

I understand that withholding information in this application or giving false information may make me ineligible for admission to, or continuation in, Cleveland State Community College. With this in mind, I certify that all the statements on this application are correct and complete. Further, if I am admitted to Cleveland Sate Community College, I agree to abide by the rules and regulations of the College.

If you are accepted as a student at this institution, there are certain performance tests you may be required to take during your academic career. It is a requirement of admission that you agree to take any tests deemed necessary by this institution. The purpose of this requirement is to comply with the legislature's expressed intent that institutions regularly evaluate and improve instruction at all levels. Your scores on any of these tests and course placement may be reported to your high school for research purposes. All test scores will be treated confidentially as required by law.

By signing this application, I understand that Cleveland State Community College may publish for publicity purposes any photographs containing my image which are taken to promote the college on or off campus.

**First time applicants please submit a \$10.00 application fee. Please make check payable to Cleveland State Community College, P. O. Box 3570, Cleveland, TN 37320-3570.**

Signature \_\_\_\_\_ Date: \_\_\_\_\_

\* In accordance with the Privacy Act of 1974, applicants for admission and enrolled students are advised that the requested disclosure of their **Social Security numbers** to the Office of Admissions is voluntary. Students who do not provide the college with their **Social Security numbers** will be assigned special nine-digit numbers. This number or the **Social Security number** will be used: (a) to identify such student records as applications for admission, registration and course enrollment documents, transcripts, certification requests and permanent academic records and (b) to determine eligibility, certify school attendance and report student status. Students are notified, however, that only the **Social Security number** may be used as an identifier for grants, loans and other financial aid programs according to federal regulations. The Student's **Social Security number** will not be disclosed to individuals or agencies outside Cleveland State Community College except in accordance with the institutional policy on student records.

*Cleveland State Community College is an Affirmative Action/Equal opportunity (AA/EEO) institution. The college is committed to making the campus accessible to the disabled. Students with disabilities who may require accommodations or assistance are encouraged to contact the Student Development and Testing Office at (423) 478-6217. Cleveland State is on of 45 institutions in the Tennessee Board of Regents (TBR) system, the seventh largest system of higher education in the nation. The Tennessee Board of Regents is the governing board for this system which is comprised of six universities, 13 two-year colleges and 26 Tennessee Technology Centers. The TBR system enrolls more than 80 percent of all Tennessee students attending public institutions of higher education.*

# Cleveland State Community College

## Hepatitis B Immunization Health History

(For new applicants only)

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ SS #: \_\_\_\_\_ Phone: \_\_\_\_\_

The General Assembly of the State of Tennessee mandates that each public or private postsecondary institution in the state provide information concerning Hepatitis B infection to all students matriculating for the first time. Tennessee law requires that such students complete and sign a waiver form provided by the institution that includes the risk factors and dangers of the disease as well as information on the availability and effectiveness of the vaccine for persons who are at-risk for the disease. The information concerning the disease is from the Centers for Disease Control and the American College Health Association.

**The law does not require that students receive vaccination for enrollment. Furthermore, the institution is not required by law to provide vaccination and or/reimbursement for the vaccine.**

### **TO BE COMPLETED BY ALL STUDENTS**

#### **A. Hepatitis B (HBV)**

Hepatitis B (HBV) is a serious viral infection of the liver that can lead to chronic liver disease, cirrhosis, liver cancer, liver failure, and even death. The disease is transmitted by blood and or body fluids and many people will have no symptoms when they develop the disease. The primary risk factors for Hepatitis B are sexual activity and injecting drug use. This disease is completely preventable. Hepatitis B vaccine is available to all age groups to prevent Hepatitis B viral infection. A series of three (3) doses of vaccine are required for optimal protection. Missed doses may still be sought to complete the series if only one or two have been acquired. The HBV vaccine has a record of safety and is believed to confer lifelong immunity in most cases.

- I hereby certify that I have read this information and I have received the complete three dose series of the Hepatitis B vaccine. Vaccination series **completion date:** \_\_\_\_/\_\_\_\_/\_\_\_\_/
- I hereby certify that I have read this information and **I am in the process of receiving** the complete three dose series of the Hepatitis B vaccine.
- I hereby certify that I have read this information and **I have elected not to receive** the Hepatitis B vaccine.

**Signature of Student**

**Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(If student is under the age of 18 a parent/guardian must sign)

**For more information about the hepatitis B disease and its vaccine, please contact your local health care provider or consult the Center for Disease Control and Prevention Web site at [www.cde.gov/health/default.htm](http://www.cde.gov/health/default.htm).**

\*In accordance with the Privacy Act, please be advised that the requested disclosure of your Social Security number is voluntary and optional. Your Social Security Number will not be disclosed to individuals or agencies outside of the institution except in accordance with the institutional policy on student records.

Cleveland State Community College  
Dual Enrollment

**Authorization for Students  
to  
Disclose Academic Information to Parents**

In accordance with FERPA, the College will disclose to parents information from the academic records of a student provided the College has on file the written consent of the student. Please sign below if you consent for the College to release your educational records to your parents. Return this form with your required registration form.

Students Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: You will not need to repeat this every semester only one is required.**

\_\_\_\_\_ New

Returning \_\_\_\_\_

## CLEVELAND STATE COMMUNITY COLLEGE DUAL ENROLLMENT SPRING 2010 REGISTRATION FORM

Name \_\_\_\_\_ Social Security \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Email Address \_\_\_\_\_

What high school, private school, or home school do you attend? \_\_\_\_\_

	CRN	DEPT	COURSE	SECTION	COURSE TITLE	CREDIT HRS	DAYS & TIMES	CLASS LOCATION	Are you using your Lottery Grant at CSCC ?
	5555 (example)	BIOL (example)	1111 (example)	101 (example)	CLASS TITLE	03 (example)	MTWRF 8:00 – 8:55 (EXAMPLE)	HIGH SCHOOL OR CSCC	YES OR NO
1									
2									
3									
4									
5									
6									

To apply for the LOTTERY GRANT go to : <https://egrands.guarantorsolutions.com/scholarshipapps/> or [www.collegepaystn.com](http://www.collegepaystn.com). The DEADLINES are Sept 1st for Fall, Feb 1st for Spring, and May 1st for Summer. You CANNOT REGISTER LATE because these sites are closed after the deadline. NO EXCEPTIONS! The lottery pays \$300 per semester to one school only and \$600 a year.

TUITION BALANCE payments can be made by **credit card** on your CougarNet account, by phone through the business office (1-800-604-2722 ext 238), or **cash payments** can be made at any Cleveland State campus. Check the web site for dates and deadlines to **pay your balance**.

STUDENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE PRINT AND ATTACH YOUR GRANT CONFIRMATION TO YOUR REGISTRATION FORM