



## Dual Credit Admissions Checklist

**Student Name** \_\_\_\_\_ **CPS #** \_\_\_\_\_

**High School** \_\_\_\_\_ **Grade Level** \_\_\_\_\_

**Contact Phone:** (        ) \_\_\_\_\_ **Email:** \_\_\_\_\_

**COLLEGE READINESS**

- Submit copy of high school transcript
- Submit ACT or SAT scores (if completed) and meets the required score for course(s).  
If not, After applying online to CCC at [www.ccc.edu/apply](http://www.ccc.edu/apply) take the CCC placement test

**ON-LINE APPLICATION**

- Complete a CCC admissions application at [my.ccc.edu](http://my.ccc.edu) NOTE: Submission does not require a social security #.

**DOCUMENTATION**

- Copy of Valid Chicago high school, OR State ID

**PARENTAL PERMISSION FORM**

- Download and complete permission form; obtain parent/guardian and counselor signature [www.ccc.edu/earlycollege](http://www.ccc.edu/earlycollege)

**SATISFACTORY ACADEMIC PROGRESS DISCLOSURE**

- Download, READ and SIGN; obtain parent/guardian signature [www.ccc.edu/earlycollege](http://www.ccc.edu/earlycollege)

**ENROLLMENT SCHEDULING CARD**

- Download from [www.ccc.edu/earlycollege](http://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

CCC Campus	DE Representatives	Email Address	Contact Number	Fax Number
Daley College	Raeann Gist	<a href="mailto:earlycollegeda@ccc.edu">earlycollegeda@ccc.edu</a>	773-838-7729	773-838-7605
Harold Washington College	Kim Bowens	<a href="mailto:kbowens3@ccc.edu">kbowens3@ccc.edu</a>	312-553-5666	312-553-5868
Kennedy- King College	Tanisha Earwin	<a href="mailto:earlycollegekcc@ccc.edu">earlycollegekcc@ccc.edu</a>	773-602-5037	773-602-5120
Malcolm X College	Kathy Jones	<a href="mailto:kiones245@ccc.edu">kiones245@ccc.edu</a>		312-850-7338
Olive- Harvey College	Holly Washington	<a href="mailto:hthrash@ccc.edu">hthrash@ccc.edu</a>	773-291-6478	773-291-6599
Truman College	Erika Littles	<a href="mailto:elittles@ccc.edu">elittles@ccc.edu</a>	773-907-4344	773-506-3855
Wright College	Mila Simeonovska	<a href="mailto:msimeonovska@ccc.edu">msimeonovska@ccc.edu</a>	773-481-8234	773-481-8039

**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:  
[http://www.ccc.edu/news/Documents/CCC\\_FERPA.pdf](http://www.ccc.edu/news/Documents/CCC_FERPA.pdf)

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 SATISFACTORY ACADEMIC PROGRESS DISCLOSURE STATEMENT**

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 or 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:** \_\_\_\_\_



**Please complete the Student Intent and Residency Information.**

**Student intent:**  1: Transfer to 4-year college    **Annual Family Income:**  A: Less than \$2,999     G: \$18,000 - 20,999     M: \$42,000 - 47,999    **Number of children dependant upon your income**   
 2: Improve present job skills     B: \$3,000 - 5,999     H: \$21,000 - 23,999     N: \$48,000 - 53,999  
 3: Prepare for future job     C: \$6,000 - 8,999     I: \$24,000 - 26,999     O: \$54,000 - 59,999  
 4: GED / Basic Skills / ESL     D: \$9,000 - 11,999     J: \$27,000 - 29,999     P: \$60,000 or more  
 5: Pursue personal interest     E: \$12,000 - 14,999     K: \$30,000 - 35,999     Q: Not indicated  
 6: Unknown / other     F: \$15,000 - 17,999     L: \$36,000 - 41,999

**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   
 Area code   
 (B: Business, C: Cellular)    Phone number   
 Area code

New emergency contact   
 Last name   
 First name   
 Relationship: \_\_\_\_\_ (e.g. Father, Mother, Spouse, .....)  
 Emergency contact address   
 City   
 State   
 Zip   
 Contact home phone   
 Area code   
 (B: Business, C: Cellular)    Phone number   
 Area code

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

Action	Reason	Class number	Subject	Catalog number	Section	Credits	Override	Authorization	Course description
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Student Signature** \_\_\_\_\_    Today's date     Day        Month        Year  
 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     Day        Month        Year



## TRANSCRIPT REQUEST FORM

- Complete all required information on the request form
- There is a \$5.00 fee per transcript
- Mail completed form with applicable payment to the campus Registrar's Office
- Acceptable forms of payment include: Money Order or Cashier's Check. Please make payment payable to the campus where the request will be sent. Cash payments are only accepted when making an in person transcript request

Military transcripts available only through Harold Washington College (Check here if requesting)

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

▼	▼	▼	▼
First College Attended	Year	Last College Attended	Year

Student ID Number	CCC ID Number	Social Security Number
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Last Name	First Name	M.I.
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Former Name(s) (if applicable)	D.O.B.	▼	▼	▼
	Month	Day	Year	

Current Street Address	Apt/FL./Suite/#
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City	State	Zip Code
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Phone Number	▼	Type	E-mail Address
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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.

### RECIPIENT INFORMATION

School Name, Organization, or Name of Recipient	Street Address, FL, Suite, Room	City, State, Zip Code
Do not complete this section. One official transcript will be given to the student.		

I certify that all of the information provided on this application is complete and correct to the best of my knowledge. I certify that I have read all of the information appearing on this application and the instructions, and that I accept and understand the terms and conditions stated therein.

**A signature must be provided in order to process a request.**

Signature	Date
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**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