



*Onslow Career and  
College Promise Program*

---

# APPLICATION

Summer 2018 – Spring 2019



## Steps for Admission and Enrollment

1. Complete key components of the application:
  - a. Complete the Student Information and Medical Information Sections.
  - b. Complete the College Readiness Verification Section.
    - i. Write in current **weighted** high school GPA and attach a copy of your transcript.
    - ii. Write in **all qualifying** assessment scores and attach a copy of each set of scores.
  - c. Select a Pathway. Returning students may not change pathways without written permission.
  - d. Select courses you wish to take. Courses must be in in your chosen pathway.
  - e. Select the semester. Students must complete a new application for each semester.
  - f. Write in high school release times for each semester.
2. Meet with your high school counselor to review your plan and get signatures.
3. Return your completed application to the College Liaison or the Coastal Admissions Office.
4. If necessary, take the Coastal Placement Test (NC DAP).
  - a. The Testing Schedule and Study Guides may be found at [coastalcarolina.edu](http://coastalcarolina.edu) under "Quick Links" – Placement Testing.
  - b. Additional online practice may be found at [accuplacerpractice@collegeboard.com](mailto:accuplacerpractice@collegeboard.com).
  - c. Go to Coastal Admissions to review test scores two (2) business after testing.
5. Go to Coastal Admissions to enroll in approved classes on date determined. Contact College Liaison for specific dates.
6. Get a Coastal Photo ID, parking placard, and textbooks.
7. Mark your calendar for the first day of class.

### Student Information:

Coastal Student ID# \_\_\_\_\_

Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender:  M  F SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

High School: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

Student Current Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Family Current Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Ethnicity:  Hispanic or Latino

Race (if Non-Hispanic):  Asian  Black or African American  White  
 American Indian or Alaskan Native  Native Hawaiian or Other Pacific Islander

Citizenship:

US Citizen  Non-Immigrant Alien  Not US Citizen, Name Country \_\_\_\_\_

Permanent Resident Alien

### Emergency and Medical Information:

Name of person in case of emergency: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Are you allergic to any medication or materials:  Yes  No If yes, explain: \_\_\_\_\_

Please list any conditions, ailments, or problems which you feel may be helpful for school officials to know in the event you were to have an accident, illness, or other health emergency problem while on campus: \_\_\_\_\_

If a student requires emergency medical treatment, the College is authorized to have the student transported to the nearest medial facility.

*Pathway, College Readiness, Courses, Semester, and Release Times  
to be completed with high school counselor*

*College Readiness Verification: (attach copy)*

**High School Weighted GPA:** \_\_\_\_\_

SAT (taken 3/2016 or later)		PSAT (2015 or later)		Pre-ACT		ACT		■ NC DAP REQUIRED	
Evidence- Based Reading and Writing		Writing & Language		English		English		English and Reading	
		Reading		Reading		Reading			
Mathematics		Mathematics		Mathematics		Mathematics		Mathematics	

*Career and College Pathway:*

- Associate in Arts (P1012C)  
College Transfer Pathway
- Associate in Science (P1042C)  
College Transfer Pathway
- Collision Repair & Refinishing (C60130)  
Career & Technical Pathway – FALL Only
- Heavy Equipment & Transport (C60240)  
Career & Technical Pathway – FALL Only

**\*Returning students may not switch Pathways without written permission. See your College Liaison for more information.**

*Selected Courses:*

Only courses listed will be considered. Courses must be in your selected pathway. See CCP Bulletin for course lists.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

*Permission for online courses:*

\*This student has **successfully completed** at least **one seated Coastal course** and has permission to take an online course.

\_\_\_\_\_  
High School Counselor or Designee Signature

*Semester: (select one)*

- Summer 2018
- Fall 2018
- Spring 2019

*High School Release Times:*

Fall 2018: \_\_\_\_\_

Spring 2019: \_\_\_\_\_

\*Students may not enroll in classes without a **minimum** of 30 minutes travel time.

*Admissions Policy:*

Attendance at Coastal Carolina Community College (CCCC) requires the student to abide by all rules and regulations as set forth by the high school and the College. As a general rule, high school students are limited to two college courses (7 credit hours) per semester. Career and College Promise Program high school students must be at least 16 years of age, must be attending high school at least one-half day, must be making appropriate progress toward graduation, and cannot displace adult college students. The requested information on this application is used for institutional and statistical purposes and is held in strict confidence. This application is for the purpose of Career and College Promise Program and not for admission to Coastal Carolina Community College. It is the policy of Coastal Carolina Community College not to discriminate against any US citizen on the basis of race, color, handicap, sex, religion, age, or national origin in the recruitment and admission of student.

## *Required Signatures for Approval, Registration, and Release of Information*

I hereby certify that the information I have given is true to the best of my knowledge. All parties approve of the courses, schedule, and information provided on the entire application. All parties agree and understand that at the end of each term, CCCC will provide Onslow County Schools with: (1) a summary listing of high school students who participated in the approved program through the College and (2) a summary listing of the grade performance for each high school student. Your signatures below will authorize the release of such information.

High School Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal/Designee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

\*College GPA for returning C CPP student \_\_\_\_\_

## *Family Educational Rights and Privacy Act (FERPA)*

FERPA is a federal law intended to protect student privacy in regard to educational records. It applies to any school that receives funds from the US Department of Education. FERPA provides parents with rights concerning their child's educational records. However, according to 20 U.S.C. 1232g(d), "whenever a student has attained eighteen years of age, or is attending an institution of postsecondary education, the permission or consent required of and the rights accorded to the parents of the student shall thereafter only be required of and accorded to the student."

Without written consent, Coastal Carolina Community College is unable to share this information with parents. Students who wish to have this information release may complete the Information below.

I, \_\_\_\_\_, CCCC ID# \_\_\_\_\_, authorize Coastal Carolina Community College to disclose my personal and academic information as indicated below to:

\_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

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

My consent applies to the following sources of information. (initial all that apply):

\_\_\_\_\_ Accommodations and related Services

\_\_\_\_\_ Attendance

\_\_\_\_\_ Course Schedule

\_\_\_\_\_ Grades

\_\_\_\_\_ Other (please specific): \_\_\_\_\_

By signing below, I acknowledge that the above information may be released, discussed, or disclosed.

I understand that my information is protected under federal confidentiality regulations and cannot be disclosed without my written consent.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## *ADA Statement:*

If you have a disability and wish to request an accommodation, contact the Admissions Office and ask for the "Request for Accommodation" form. Be sure to notify the College of your needs as soon as possible. If an accommodation is not requested in advance to provide the college sufficient and adequate time to meet your needs, we cannot guarantee the availability of a reasonable accommodation when you need it.

Revised 4/2018