Otterbein Collegiate Institute (OCI) High School Information Form

To be completed by school principal or counselor.

Applicant Information

Last name: ____________________ First: ____________________ Middle: _________________

Date of birth (month/date/year): ________________________________

Middle/ High school Information

Student State ID (SSID): ________________________________

School name: ________________________________ CEEB/ IRN code: ________________

School type:

Public  Non-public  Home school

If public: This student has filed a letter of intent to participate in College Credit Plus by the state deadline.

Yes  No

If non-public or home school: This student will apply for College Credit Plus funding through the state of Ohio.

Yes*  No

*Please provide a copy of the funding letter from the state.

Does the student plan to use state funding for CCP at any other colleges or universities during the same time?

Yes  No

Academic Information

The applicant’s high school rank is: _______ in a total class of _______ (Approximate if necessary)

Weighted GPA: ________________ on a ________________ scale

Unweighted GPA: ________________ on a ________________ scale

Is the applicant enrolled in a college preparatory curriculum?  ☐Yes  ☐No

In comparison with other college prep students at your school, please rank the applicant’s course selection:

☐Most demanding  ☐Demanding  ☐Below Average

☐Very demanding  ☐Average  ☐Prefer not to comment
**Rating**

Please rank the student on the following areas:

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<th>Not Applicable</th>
<th>Excellent</th>
<th>Good</th>
<th>Average</th>
<th>Poor</th>
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<tbody>
<tr>
<td>Motivation</td>
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<td>Time Management</td>
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<td>Maturity</td>
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<td>Leadership Qualities</td>
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**Recommendation**

What are the student's goals for participating? Do you feel this student is ready to handle college level courses in an independent living environment? *Attach additional pages if more space is required.*

Certification: I have fully advised this student and his/her parent(s) or legal guardian(s) of the available options and ramifications involved in the College Credit Plus program.

Signature of person completing form: ___________________________ Date: __________________________

Printed name: __________________________

Title: __________________________

Phone number: __________________________ Email address: __________________________

Submit this form to the Office of Admission, Otterbein University, 1 S. Grove St, Westerville, OH 43081 or via email to oci@otterbein.edu