



Culinary Arts & Science
Dual Admissions Form



Program Applying to:				College Applying to:			
Last Name		First		MI	Former Name		
Social Security Number ++		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of birth			
Permanent/Home Address		City		State	Zip		
Home Phone Number ()		Work Phone Number ()		Email Address			
Current Address		City		State	Zip		In use until (date)
Current Phone Number ()		Fax Number ()		Cell Phone Number ()			
Are you an Ohio Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, how long?		Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Place of Birth	
Visa Type (if not a U.S. citizen)				Country of Citizenship (if not a U.S. citizen)			
Is one of your parents or grandparents a graduate of the University of Cincinnati?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a permanent resident of the U.S.?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please check one of the following: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black, non-Hispanic origin <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> White, non-Hispanic origin <input type="checkbox"/> Other							
<i>The information requested is confidential and optional. It is used to demonstrate compliance with Title VI of the 1964 Civil Rights Act.</i>							
High School(s) Attended	City	State	Circle Yrs. Attended		Graduation Date**		
			9 10 11 12				
			9 10 11 12				
**or GED/High School Equivalency Award Date							
Date(s) you have taken the ACT ___/___ SAT ___/___				Date(s) you are scheduled to take the ACT ___/___ SAT ___/___			
Have you attended the University of Cincinnati before? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you attended other colleges or universities? <input type="checkbox"/> Yes <input type="checkbox"/> No					
College(s) Attended*	City	State	Dates Attended		SEM/QTR?	Degree Awarded/Expected & Date	
					<input type="checkbox"/> S <input type="checkbox"/> Q		
					<input type="checkbox"/> S <input type="checkbox"/> Q		
					<input type="checkbox"/> S <input type="checkbox"/> Q		
* including UC						Expected Transition Date (date starting at UC) / /	

Application WILL NOT be accepted if the Expected Transition Date is not completed.

Current Subjects: Please list all high school and college courses you are now taking and those courses you plan to take before enrolling at UC. Failure to provide this information may delay the processing of your application.

Course Title	Term*	Credits**	Course Title	Term*	Credits**

* indicate year, quarter or semester

**for college courses only

++ The University of Cincinnati uses Social Security Numbers(SSN) as Student ID numbers. It is very helpful if you supply your SSN with your application. It will only be used for administrative purposes. If you do not wish to disclose your SSN, leave this space blank and an alternative number will be assigned to you. Non-disclosure of your SSN will not affect your application in any way.

Career Objectives:

I certify that the information given in this application is true and correct to the best of my knowledge. I understand that misrepresentation, omission of information or failure to complete the process may cause delay or cancellation of admission.

Information regarding all records at the University will/can be shared with student's home college.

I also understand that, as a dual admitted student, I am subject to the University of Cincinnati's Code of Conduct.

Date	Signature of applicant
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Final terms and conditions of dual enrollment will be confirmed upon approval of all appropriate parties at both the state and collegiate level.

- Placeholder option
- Participant option (On-campus Off-campus)

For College Use Only

<u>University of Cincinnati</u>	<u>Cincinnati State</u>
Office of Admissions: Received: _____	Office of Admissions: Received: _____
Transcripts Received: _____	Transcripts Received: _____
Processed: _____	Processed: _____
Confirmed: _____	Accepted: _____
Sent to: <input type="checkbox"/> OCAS _____	Sent to: <input type="checkbox"/> UC Admissions _____
<input type="checkbox"/> CSCTC _____	<input type="checkbox"/> OCAS _____
Projected Transition Date: _____	Projected CSCTC Graduation Date: _____