

# **TIFFIN**

## **UNIVERSITY**

### **APPLICATION FOR ADMISSION POST-SECONDARY OPTIONS PROGRAM**

Office of Undergraduate Admissions

#### **PERSONAL INFORMATION (Please type or print)**

NAME \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_  
S.S. # \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
YOUR E-MAIL ADDRESS \_\_\_\_\_  
NAME OF PARENT OR GUARDIAN \_\_\_\_\_  
TELEPHONE NUMBER IN CASE OF EMERGENCY \_\_\_\_\_

#### **HIGH SCHOOL INFORMATION**

NAME AND LOCATION OF HIGH SCHOOL \_\_\_\_\_  
GRADUATION YEAR \_\_\_\_\_  
MAKE SURE TO SUBMIT AN OFFICIAL COPY OF HIGH SCHOOL TRANSCRIPT

#### **ENROLLMENT INFORMATION**

Semester(s) for which you are applying: \_\_\_\_\_ Fall Semester \_\_\_\_\_ Spring Semester  
Classroom: \_\_\_\_\_ Online \_\_\_\_\_ Seated at Tiffin Campus  
Option: \_\_\_\_\_ Option A: College credit only (Fees paid by student)  
\_\_\_\_\_ Option B: Both College and High School credit (Fees paid by Ohio Senate Bill 140)

#### **APPROVALS**

**STUDENT:** I certify that the above information is complete and that I have been counseled by my high school about this program. I also understand that continuation in this program is conditional upon my receiving a grade point average of 2.0 or higher in my courses.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

**PARENT OR GAURDIAN:** I certify my approval for this student to seek admission to and participate in this program at Tiffin University as indicated above.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**GUIDANCE COUNSELOR:** I recommend this student for admission to this program, and I certify that he/she has school approval for participating in the option selected.

Signature of Guidance Counselor \_\_\_\_\_ Date \_\_\_\_\_