



## **APPLICATION FOR ADMISSION**

Apply online at [www.tri-c.edu](http://www.tri-c.edu)

Regular Admission: All persons 18 years of age or older are eligible for admission to certain programs of study. The general admission policy of the College does not assure acceptance of a student to all programs. Some programs (such as Nursing) require a separate admission process.

Questions concerning the application process should be directed to 1-800-954-8742 or visit the Campus Enrollment Centers at any site listed below. Information is also available on the College website at [www.tri-c.edu](http://www.tri-c.edu). Completed applications and all transcripts should be mailed to:

**Cuyahoga Community College**  
**Office of the Registrar**  
**PO Box 5966**  
**Cleveland, Ohio 44101-0966**

### **Campus Sites:**

#### **BRUNSWICK CENTER**

3605 Center Road  
Brunswick, OH 44212

#### **METROPOLITAN CAMPUS**

2900 Community College Avenue  
Cleveland, OH 44115-3196

#### **CORPORATE COLLEGE WEST**

25425 Center Ridge Road  
Westlake, OH 44145-4122

#### **WESTERN CAMPUS (Parma)**

11000 W. Pleasant Valley Road  
Parma, OH 44130-5199

#### **EASTERN CAMPUS**

4250 Richmond Road  
Highland Hills, OH 44122-6104

#### **WESTSHORE CAMPUS**

31001 Clemens Road  
Westlake, OH 44145

Cuyahoga Community College is committed to continuing affirmative action and equal opportunities for access to employment and education and thus does not discriminate against current or potential employees or students on the basis of race, color, religion, sex, sexual orientation, national origin or ancestry, age, disability, or status as disabled or veteran. Inquiries concerning the College's affirmative action/equal opportunity policy should be directed to:

The Office of Human Resources/Personnel Relations  
Cuyahoga Community College  
700 Carnegie Avenue  
Cleveland, Ohio 44115-2878  
216-987-4830

## ADMISSION REQUIREMENTS AND INFORMATION

This application and all supporting documents become the property of Cuyahoga Community College and will not be returned to you or forwarded to another institution.

<b>REGULAR ADMISSION</b>	All first time students must complete the Application for Admission. High School, GED or college transcripts should be mailed directly from the school or state GED Office to the Office of the Registrar (see cover page). Transcripts are required for any student applying for financial assistance. Those who were accepted any time in the past but have not attended for one year or more should contact any campus Enrollment Center to update their records.
<b>TRANSIENT/VISITING STUDENT ADMISSION</b>	Those who need permission to override a prerequisite must submit a transient approval form (from the home institution) that identifies the course to be taken at Tri-C. The form can be mailed to the Office of the Registrar or submitted to any campus Enrollment Center. Call (800) 954-8742 for assistance.
<b>TRANSFER CREDIT</b>	In order to receive transfer credit, all previous college transcripts should be mailed directly from the school to the Office of the Registrar.
<b>INTERNATIONAL ADMISSION</b>	A separate application is required for international students. Contact the Coordinator of Special Student Services to request an I-20 (Certificate of Eligibility). Issuance of this certificate is not guaranteed. Admission to a selective academic program is not guaranteed.
<b>RESIDENCY</b>	As required by state law, your tuition rate will be determined by the information provided on your application. To change your residency status, you are required to submit a Petition for Change of Residency along with supporting documentation. Residency changes are effective for the beginning of the next semester and are not retroactive.
<b>PROGRAM 60</b>	Ohio residents 60 years of age or older are eligible to enroll in selected non-credit courses, and audit credit courses free of charge on a space available basis. Registration dates are restricted – see current calendar.
<b>CROSS REGISTRATION</b>	Those approved for the Cross Registration program must submit an Application for Admission and a Cross Registration form signed by the appropriate officer from the home institution. The form must include specific course approval.
<b>SOCIAL SECURITY INFORMATION</b>	Your social security number will be used for Tri-C tax filing purposes (1099) only. State and federal laws protect the privacy of your records. You must provide your social security number in order to apply for federal financial aid.
<b>NON-CREDIT COURSEWORK</b>	Cuyahoga Community College offers a wide variety of non-credit courses. Those who have previously enrolled in a non-credit course are required to submit a credit application in order to register for a course eligible for credit. This includes those who wish to audit a credit course.
<b>HEALTH CAREERS &amp; SPECIALIZED PROGRAMS</b>	Contact the Health Careers Enrollment Center (216-987-4247) or any campus Counseling Center for information regarding specific program application requirements.
<b>ENROLLMENT</b>	First time college students are required to complete an orientation program and take assessment tests prior to registration for classes. Information regarding enrollment steps are included on the College website and included in the acceptance letter.

Program of Study Listing  
Cuyahoga Community College

<i><b>Program of Study</b></i>	<i><b>Code</b></i>	<i><b>Program of Study</b></i>	<i><b>Code</b></i>
Non-Degree Program	S000		
<hr/> <i><b>Associate Degree Programs</b></i>		<hr/> <i><b>Associate of Applied Science Degree Programs</b></i>	
Associate of Arts	S100	Automotive Technology	S956*
Associate of Science	S200	Automotive Tech/GM/ASEP	S957*
Associate of Technical Studies	S901	Construction Engineering Technology	S331
		Deaf Interpretive Services	S620
<hr/> <i><b>Academics</b></i>		Dental Hygiene	S450*
Fire Academy	SA02*	Diagnostic Medical Sonography	S824*
Police Academy	SA01*	Dietetic Technology	S460*
Private Security Academy	SA04*	Early Childhood Education-Basic	S720
Ranger Academy	SA03*	Early Childhood Education-Pre-K	S722
		Electrical-Electronic Engineering Tech	S480
<hr/> <i><b>Associate of Applied Business Degree Programs</b></i>		Bio-Medical	S481
Accounting	S300	Computer Networking Hardware	S483
Administrative Office Systems	S420	Electroneurodiagnostic Technology	S585*
Business Management	S361	Emergency Medical Technology	S500*
Human Resource Management	S366	Environmental, Health & Safety Tech	S783
Industrial Distribution	S370	Fire Technology	S510
International Business	S362	Health Information Management	S705*
Small Business Management	S364	Human Services	S710
Captioning & Court Reporting	S404	Integrated Systems Engineering Tech	S490
Hospitality Management		Law Enforcement	S600
Culinary Art	S541	Basic Police Academy	S603
Lodging/Tourism	S547	Corrections	S601
Restaurant/Food Service	S546	Security Administration	S602
Information Technology		Manufacturing/Industrial Engrng Tech	S661
Networking Software	S417	Magnetic Resonance Imaging	S827*
Programming & Development	S425	Massage Therapy	S743*
Interior Design	S550	Mechanical Engineering Technology	S660
Marketing	S650	Medical Assisting	S690*
Media Arts and Studies	S561	Medical Laboratory Technology	S670*
Paralegal Studies	S795*	Nuclear Medicine	S826*
Purchasing and Supply Management	S368	Nursing	S760*
Real Estate	S750	Occupational Therapy Assistant Tech	S791*
Real Estate-Mortgage Finance	S751	Optical Technology	S834*
Virtual Communication & Design		Pharmacy Technology	S855*
Digital Video & Film Making	S538	Physical Therapist Assisting Tech	S730*
Graphic Design	S533	Plant Science & Landscape Technology	S800
Illustration	S534	Design/Build	S804
Photography	S536	Garden Center Operations	S802
Web & Interactive Media	S530	Radiography	S821*
		Recording Arts and Technology	S644
		Respiratory Care	S581*
		Sport and Exercise Studies	S830*
		Surgical Technology	S870*
		Veterinary Technology	S304*

\* Requires separate admission process

(over)

<i>Program of Study</i>	<i>Code</i>	<i>Program of Study</i>	<i>Code</i>
<b><u>One-Year Certificate Of Proficiency</u></b>		<b><u>Short Term Certificates</u></b>	
Automotive Technology	S959	3D Animation	S539
Business Mgt-Public Administration	S367	3D Design	S540
Computer Aided Drafting (CAD)	S577	Automotive Maintenance & Genrl Srvc	S958
Computer Integrated Manufacturing (CIM)	S592	Basic Office Skills	S419
Computer Maintenance Technology	S487	Conflict Resolution & Peace Studies	S150
Dental Assistant	S456	Court Reporting Technologies	S403
Dietary Management	S461*	Dental Assisting	S457*
General Nutrition	S465	Dental Office Management	S458*
Infant/Toddler	S724	Emergency Medical Tech-Basic	S502*
Machine Tools	S576	Emergency Medical Tech-Paramedic	S503*
Massage Therapy	S744*	Event Planning	S551
Medical Assisting	S694*	Health Unit Coordinator	S703*
Office Operations Management	S421	Laboratory Phlebotomy	S671*
Optical Technology	S835*	Massage Therapy	S745*
Pharmacy Technician	S856*	Media Arts/Studies-Digital Video Editing	S562
Plant Science & Landscape Technician	S801	Media Arts/Studies-Motion Grph/Vis Strytlng	S563
Polysomnography	S583	Medical Billing Specialist	S702*
Practical Nursing	S765*	Ophthalmic Medical Assisting	S836*
Precision Machining Technology	S980	Personal Chef	S549
Quality Control	S594		
Sterile Processing and Distribution Tech	S851*		
Virtual Office Assistant	S422		
Visual Communication/Graphic Design	S537		
		<b><u>Post Degree Certificates</u></b>	
		Diagnostic Medical Sonography	S828*
		Environmental Hlth & Safety Tech	S784
		Legal Nurse Consultant	S767*
		Massage Therapy	S746*
		Object Oriented Technology	S426
		Paralegal Studies	S796*
		Physician Assistant	S681*
		Plant Sci & Landscape Tech - Contracting	S803
		Purchasing & Supply Management	S369

Requires separate admission process

\*



# APPLICATION FOR ADMISSION

PRINT CLEARLY in ink

Campus I plan to attend:

Entry Term:  Fall  Spring  Summer

Eastern  Metropolitan  Western  Westshore

Year \_\_\_\_\_

Social Security Number:  
(or previously assigned Student Number)

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|

OFFICE USE ONLY  
\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|

Legal Name:

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|  
Last First Middle Former

Permanent Home Address:

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|  
Number and Street Apt #

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|  
City State ZIP Code County (eg: Cuyahoga, Summit, etc.)

Mailing Address:

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|  
(If different from above) City State Zip Code Apt #

Home Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

Have you lived at your current home address for the last 12 months?  Yes  No

Office use

If "no", please fill out residency information below including where you have lived for the past 12 months:

<b>RESIDENCY INFORMATION</b>	Street	City	State	County	From mm/dd/yy	To mm/dd/yy	<b>RESIDENCY INFORMATION</b>
<p><b>Are you employed in Cuyahoga county?</b> <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Not employed</p> <p><b>If you are a dependent, is your spouse / parent / legal guardian employed in Cuyahoga county?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Firm Name: _____ Phone Number: ( ) _____ ext: _____</p> <p>Business Address: _____ Number and Street City State ZIP Code</p> <p><b>This information will be used to determine your residency status. If additional information is needed to determine your status, you will be required to present evidence. The burden of proof to clearly demonstrate residency lies with the student.</b></p>							

Gender:  Female  Male Date of Birth (month/day/year):

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|

1. What is your ethnicity?  Hispanic or Latino  Not Hispanic or Latino

2. What is your race?  American Indian or Alaska Native [NAM]  White [WHT]  Black or African-American [BLK]  Native Hawaiian or Pacific Islander [PAC]  Asian [ASN]  Other [OTR] \_\_\_\_\_

*Mark one or more races to indicate what you consider yourself to be.*

Citizenship:

(Y) U.S. Citizen Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_  
(if not U.S.A.)

Non-Citizen Visa type: \_\_\_\_\_ Issue date: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Permanent Resident Alien reg: \_\_\_\_\_ Issue date: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Emergency Contact

Information: Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Planned course of study: Select the alpha-numeric code that best fits your area of interest from the Major Codes list

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|

FOR OFFICE USE ONLY	Col	_____ _____	Deg	_____ _____
	Mjr	_____ _____	Dept	_____ _____

List the 4-digit code:

- (D G N) First time college student enrolling for credit classes (Includes auditing a credit class).
- (R) Returning Tri-C student. Last date you attended \_\_\_\_\_
- (X) Transfer (Previously attended another college or university).
- (T) Transient (This term only, with permission of home college or university).
- (A) Only non-credit classes (Does not include auditing a credit course).
- (S) Program 60 (Ohio resident 60 years or older, to audit credit courses).

Student Type:

Please print your legal name: \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

U.S. Military Service Veteran:  Yes  No

Selective Service (To be completed by all males): Selective Service Number: \_\_\_\_\_

To register on-line or for on-line verification of registration: www.sss.gov

Registration Information Office: 1-888-655-1825

**NOTICE:** Under section 3345.32 of the Revised Code of the State of Ohio, if you are a male age 18 through 25, you are required to complete this information. Failure to do so will prohibit you from registering for classes. If you have not registered for selective service, you must indicate below the reason you are not required to register.

I certify that I am not required to be registered with Selective Service, and I qualify for exemption for the following reason:

- I am with the armed forces of the United States **excluding** training in a reserve or national guard unit.
- I have not reached my 18th birthday.
- I am 26 years of age or older.
- I am a permanent resident of the Trust Territory of the Pacific Islands or the Northern Mariana Islands and I am not a citizen of the United States.
- I am a nonimmigrant alien lawfully in the United States in accordance with Section 101(A)(15) of the "Immigration and Nationality Act" U.S.C. 1161, as amended.

Educational Goal at Tri-C Please enter **one** code from below to indicate educational goal at Tri-C

*Educational Codes*

- (01) To obtain an associate degree for the job market
- (02) To obtain an associate degree then transfer to a four-year college or university
- (03) To obtain a certificate
- (04) To transfer to a four-year college or university before completing a degree or certificate
- (05) To train for a new career by taking only selected courses
- (06) To upgrade skills for current job by taking only selected courses
- (07) To obtain knowledge for personal interest
- (08) To obtain GED
- (09) To prepare for college courses
- (10) To complete a single course

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Highest Previous Education Level (Check only one):  (00) no high school diploma or GED  (01) high school graduate

- (02) GED  (03) certificate  (09) some college  (04) 2-year degree
- (05) 4-year degree  (06) master's degree  (07) post-graduate work  (08) doctoral degree

I will enroll as a:  Full Time Student (at least 12 credits each term)  Part Time Student (less than 12 credits each term)

Did either of your parents earn a 4-year (Bachelor's) Degree?  Yes  No

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High School you currently attend or last attended:

Name of high school: \_\_\_\_\_ City & State/Country: \_\_\_\_\_

Graduation date (month/day/year):  If you did not graduate, did you receive a GED?  Yes  No GED Date (month/day/year):

Colleges or Universities you have attended or are currently attending (list most recent first):

*For transcript mailing procedure, see "Full-Time Admission" instructions.*

Institution	City & State of Country	Dates Attended (from/to)	Degree(s) earned	FOR OFFICE USE ONLY

**Directory Information:** The College may disclose Directory Information (i.e. student name, mailing address, program of study, enrollment status, dates of attendance, degrees, awards and honors, and the following for athletes only: previous educational institutions attended, weight, height, student's photograph, date and place of birth) to publicize student involvement in College-related activities without prior consent to you. Students may request this information be kept confidential by completing a Confidentiality Request Form in any Enrollment Center office.

E-mail address: *Please be advised, you will be issued a Tri-C e-mail account*

Please check type of e-mail address:

- (E-1) Home  (E-2) Business  (E-3) College

- > By signing and dating this application, I certify that the information I have provided hereon is complete and correct in every respect.
- > I understand that falsifying any part of this application may result in cancellation of admission.
- > I agree to abide by the policies, rules, and regulations of Cuyahoga Community College.
- > I will bear full responsibility for any consequences resulting from my failure to promptly report a new address or change in name.

**This application and all supporting documents become the property of Cuyahoga Community College and will not be returned to you or forwarded to another institution.**

Legal Signature (Required for processing): \_\_\_\_\_ Date: \_\_\_\_\_