

Cuyahoga Community College (Tri-C®) Dual Admission Partnership Application

Section I: Tri-C Dual Admission Partnership Information

Please review this information before proceeding to the application.

Dual Admission Partnerships are special transfer agreements between Tri-C and certain four-year colleges or universities ("Partnership schools"). Through Dual Admission, students complete an associate degree at Tri-C with the intent to complete a bachelor's degree at the Partnership school. Each Dual Admission partnership is unique — please review all current partnership information online prior to submitting this form. You must be admitted to Tri-C before applying for Dual Admission. If you have not yet been admitted to Tri-C, please visit the Getting Started website to apply.

This application may be used for the following **Dual Admission Partnership programs:**

- Baldwin Wallace University
- Cleveland State University Degree Link
- <u>Cleveland State University</u> Dual Admission
- · Notre Dame College
- University of Akron
- Ursuline College

Please note: Tri-C has other related partnership programs that require a separate application. Please visit the websites for each program to access application materials:

 Case Western Reserve University — Cleveland Humanities Collaborative (CHC); STEM Project

By submitting this application, you agree to have this application, your academic record and supporting documentation shared between Tri-C and the Partnership school. The academic records of those participating in the Partnership will be shared between the Partnership school and Tri-C every semester. You may only apply to one Dual Admission Partnership program. Your application will be considered for the next available semester. The timeline for receiving an admission decision is dependent on the Partnership school. They will contact you to inform you of your admission status, including requests for additional materials as needed. If you are not accepted into the Dual Admission Partnership program, you may reapply once you meet the admission criteria. If you have questions about Dual Admission Partnerships or the application process, please contact your Campus Transfer Center.

I have reviewed this information and all Dual Admission requirements*

YES

Tri-C Transfer Centers

Eastern Campus ESS 2232 tceast@tri-c.edu

216-987-4115

Metropolitan Campus MSS G15 tcmetro@tri-c.edu 216-987-3841

Western Campus/BUC WSS G202 tcwest@tri-c.edu 216-987-5085

Westshore Campus SHCS 135 tcwestshore@tri-c.edu 216-987-3130

Please complete the attached application, save as YourNameDualAdmission.pdf (e.g., JaneSmithDualAdmission.pdf) and send as an attachment to registraroffice@tri-c.edu.

Apply early for best consideration.

Section II: Dual Admission Partnership Application *Required field

Full Legal Name*	Tri-C S#*					
Former Name (if applicable)	Pr	referred Nam	IE (optional)_			
Date of Birth* Ge	nder Identity	Female	Male	Prefer not	to ans	wer
Tri-C Email*	_ Personal Ema	ail*				
Mobile Phone #*	_ Home Phone	#				
Would you like to receive important admissions and enrolln	ent information b	y text?	Yes N	0		
Mailing Address (Street Number or P.O. Box)*						
City*	State*			Zip*		
Are you a U.S. citizen?* Yes No	Are yo	u an Ohio re	sident?*	Yes	No	
For non-U.S. citizens:	How Id	ong have you	lived in Oh	io?*		
a. Are you a permanent resident of the U.S.? Yesb. Do you currently hold a U.S. Visa? Yes No		ou a U.S. mili ilitary?*	-	n or current lo	tly serv	ing in
i. If yes, what type?	Brancl	h of Armed F	orces:			
ii. What is your country of citizenship?		ou a depende an of the U.S			ember Yes	or No
Current Tri-C Degree* AA AS AAS AAB	Other					
Have you previously completed a college degree (at Tri-C or		Yes No				
Student Type (Choose one)* Incoming Freshman (no previous Transfer (attempted college of Post-baccalaureate (already of Other:	oursework elsewh ompleted a bache	nere after hig elor's degree	gh school) or higher)	hool)		
Name of High School (write "GED" if applicable)*			His	gh school (GPA	
High school graduation/GED completion date* Month						
Optional: If you took ACT/SAT, list your scores here. You wil			hip school i	f official so	ore re	ports
are needed. ACT SAT	_					
Have any of your parents/guardians completed a four-year	achelor's degree	from a colleg	ge or univer	sity?	Yes	No
	land State Univer ersity of Akron		dmission	Notre [Ursulin		_
I would like to be considered for Dual Admission Partnership select Partnership schools):		n (choose a s	semester –	summer a	vailable	e at
, •	ar					
I plan to enroll in courses at the partner institution while ta Yes No	king courses at Tr	i-C (applicabl	le to dual e	nrollment p	oartner	s only).
When do you plan to transfer to the Partnership school (aft Semester Fall Spring Summer Ye	er associate degre ar	ee completio	n)?*			
Intended bachelor's degree program/major at Partnership s	chool (e.g., Psych	ology, Busin	ess)*			
After you transfer, do you plan to live on campus at the Par	nership school?	Yes	No			

Section II: Dual Admission Partnership Application (continued)

*Required field

I have previously atte	ended another college/university (outside of Tri-C)	* Yes	No			
previously attended	other colleges besides Tri-C, list them here. You m schools and submit them directly to your desired will be sent automatically with your application ma	Partnership scl				
Prior college/univers	ity 1	Dates of attendance: (m/y) to (m/y)				
Prior college/univers	attendance: (m/y) to (m/y)					
Prior college/univers	ity 3	Dates of attendance: (m/y) to (m/y)				
Prior college/univers	ity 4	Dates of attendance: (m/y) to (m/y)				
	guilty or been convicted of a criminal offense, or hant, you are required to notify the dean of students					
	dismissed, suspended or placed on probation by a uch involuntary separation, for a nonacademic rea	-	· -			
=	s" to one or both of the preceding questions, pleasing with this application.	se submit a det	tailed written explanation of your			
Emergency Contact	Name*	Relationship	*			
	Phone #*		ss*			
	Mailing Address (Street Number of P.O. Box)* _					
	City*	State*	Zip*			
application information or the Dual Admission I credit and/or suspend I	ation provided on this application is accurate, complete will be evaluated for admission. I also understand that a Partnership school to deny or cancel admission and regime from the university if subsequently discovered. I authy academic information and records as deemed necess.	any misrepresent istration, revoke f norize each high s	ation or omission may be cause for Tri-C financial aid, refuse posting of transfer school, college or university I have attended			

Please save this completed form as YourNameDualAdmission.pdf (e.g., JaneSmithDualAdmission.pdf) and email to registraroffice@tri-c.edu.

The Office of the Registrar will process your application and send it, along with supporting documentation, to the Partnership school within 10 business days. The timeline for receiving an admission decision is dependent on the Partnership school. They will contact you if additional information is needed.

Contact your <u>Campus Transfer Center</u> with any questions about your transfer plans.

Apply early for best consideration.