



DUAL ADMIT APPLICATION

BIOGRAPHICAL INFORMATION (Please print in ink or type) Female Male

Legal Name _____ / _____ / _____
last first middle initial

_____ - _____ - _____ / ____ / ____
preferred name Social Security Number date of birth

Home Mailing Address _____
number and street

_____ _____ _____ _____
city state zip county (not country)

Permanent Home Phone (____) _____ - _____ Student Cell Phone (____) _____ - _____

E-mail Address _____

FAMILY INFORMATION

Parent _____ Parent _____
last first m.i. last first m.i.

Home Address _____ Home Address _____
(if different from that of applicant) street (if different from that of applicant) street

_____ _____ _____ _____
city state zip city state zip

Parent E-mail _____ Parent E-mail _____

Are either of your parents or grandparents Marietta College Alumni? Yes No

If yes, who (If Mother/Grandmother please include maiden name) & graduation year _____

Have you been an Ohio resident for the last 12 months? Yes No

Marital Status _____

Have either of your parents graduated from a 4-year institution year Yes No

ACADEMIC INFORMATION

High School _____ City/State _____

CCP/other college credits Yes college/university _____ No Date of High School Graduation (month/year) _____

Have you ever been suspended from school for academic misconduct or plagiarism? Yes No If yes, please explain _____

Have you ever been convicted of a major crime, misdemeanor or felony? Yes No If yes, please explain _____

OPTIONAL INFORMATION

Marietta College and Washington State Community College do not discriminate on the basis of age, race, color, national or ethnic origin, disability, sex, gender identity, gender expression, sexual orientation, religious affiliation, veteran status, or any other protected status or facet of personal identity.

Ethnic Background:

Are you Hispanic/Latino? Yes No

Race (please check all that apply):

- American Indian/Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Island
- White (including Middle Eastern)

United States Veteran or Dependent of United States Veteran

Will you be applying for Yellow Ribbon or other Veteran benefits? Yes No

Citizenship (check one)

- U.S. citizen
- Permanent resident of the U.S.
(Please send a copy of your green card.)

Permanent residents of the U.S. provide the following information:

Place of Birth _____

Citizenship (country) _____

State of Legal Residence _____

Alien Registration Number _____

First Language (if not English) _____

Enrollment Information

WSCC2MC Dual Admit Term of Enrollment

- Fall _____
(year)
- Spring _____
(year)
- Summer _____
(year)

How did you hear about the WSCC2MCDual Admit program?

Will you be seeking housing at Marietta College?:

- Yes No

Have you previously applied to WSCC?

- Yes No

ACTIVITIES AND HONORS WHILE ATTENDING HIGH SCHOOL

Please list any significant honors, extracurricular activities, or hobbies in which you participate. We find that most students prefer to submit a supplemental résumé detailing all achievements through their high school career.

Activity	Grade Level	Positions Held/Honors Won	Do you wish to continue at Marietta?	
_____	9 10 11 12	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	9 10 11 12	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	9 10 11 12	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

EDUCATIONAL PLANS

Please choose from Washington State Community College programs of study below. Transfer programs will be the best choice for WSCC2MC program, although you may elect to pursue a technical program of study.

ARTS & SCIENCES TRANSFER PROGRAMS

___ Business Administration Transfer

Education Transfer
___ Early Childhood
___ Middle Childhood
___ Young Adult

___ Fine Arts Transfer-Studio Art

___ General Sciences Transfer

Liberal Arts Transfer

___ On Campus

___ Online

___ Social Services Transfer

___ Associate of Individualized Studies

PUBLIC SERVICE PROGRAMS

Criminal Justice

___ Law Enforcement

___ Peace Officer Basic Academy

___ Social Services Technology

BUSINESS TECHNOLOGIES PROGRAMS

Accounting Technology
___ Accounting

Business Management
___ On Campus
___ Online

Digital Technology

___ Cyber Security & Investigation

___ Computer Support Technician

Office Administrative Service Technology

___ Executive Administrative Assistant

___ Medical Administrative Assistant

HEALTH SCIENCES PROGRAMS

___ Health & Wellness Technology

Area of Interest:

___ Associate Degree Nursing

___ Medical Laboratory Technology

___ Physical Therapist

___ Assistant Technology

___ Radiologic Technology

___ Respiratory Therapy Technology

ENGINEERING & INDUSTRIAL TECH. PROGRAMS

Automotive Technology

___ Automotive Service

___ Diesel Truck Systems

Electrical Engineering

Technology

___ Instrumentation Control & Electrical

Industrial Technology

___ Industrial Technology

___ Process Technician (online)

___ Welding

Mechanical Engineering

Technology

___ Mechanical Engineering

I give Marietta College and Washington State Community College permission to use my photo

I consent to receive text messages from Marietta College and Washington State Community College

NEXT STEPS:

- Submit high school transcript or high school equivalency diploma, and have official ACT and/or SAT scores sent directly to Marietta College.
- File FAFSA form (available October prior to entry year), and be sure to use Washington State Community College's code, which is 010453.

Under the terms of the dual admit program, I agree to allow Marietta College and Washington State Community College to share information regarding and related to this application for admission as well as all required admission documents.

I agree to allow both Marietta College and Washington State Community College, its subsidiaries, and its agents publish or make other public use of my photograph, video, and/or other reproductions. Both institutions have the responsibility of inspecting, approving, and selecting these for their individual uses. Neither institution will make deliberate distortion or other alterations to these items. I agree not to hold Marietta College or Washington State liable for any distortion or alteration that may result.

By submitting this application, I certify that the information which I have given is complete and true to the best of my knowledge. I agree that if I am accepted into the dual admit program, I shall comply with all the rules and regulations that are in effect or will be put into effect while I am a student.

Signature of Applicant _____ Date _____



Marietta College

WSCC2MC--Consent to Release Information to Washington State Community College

The Family Educational Rights and Privacy Act of 1974 (FERPA), as amended, grants students attending post-secondary institutions certain rights and privacies regarding their education records. By submitting this form, the student named below authorizes Marietta College to release the student's education records and/or admission information to Washington State Community College for the duration of enrollment in the WSCC2MC program.

Name: _____ WSCC ID: _____

Cell Phone: _____ MC ID: _____

By signing below, I authorize disclosure of my academic, conduct, billing, and financial aid information to Washington State Community College as noted above. I understand that this information will be used to determine progress toward my degree(s) as well as to determine my continued eligibility in the WSCC2MC program. I understand that I have the right revoke this authorization at any time by visiting the Marietta College Records Office in person.

Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Processed by: _____ Date: _____

REVOCATION OF AUTHORIZATION TO SHARE EDUCATIONAL RECORDS

By signing below, I hereby immediately revoke my prior authorization for Marietta College to share my educational records with Washington State Community College. I further understand that this revocation may result in loss of eligibility to continue in the WSCC2MC program but does NOT impact my eligibility to enroll in either institution through alternate admissions processes.

Student Signature

Date

FOR OFFICE USE ONLY Recorded by: _____ Date: _____