



Return Student Short Form

PERSONAL INFORMATION

I plan to attend: Fall 20____ Spring 20____ Summer 20____

First Name_____ Last Name_____

Please mark if no changes to personal information

Address_____

City_____ State/Zip_____

Email_____

Home Phone_____ Cell Phone_____

PARENT/GUARDIAN INFORMATION

Please mark if no changes to personal information

Name_____ Phone_____

Address_____ Parent Email_____

City_____ State/Zip_____

ADDITIONAL INFORMATION

High School_____ Address_____

Preferred Format:

- On Campus
- Online Only
- Both, On Campus & Online
- Other

OHIO RESIDENTS ONLY

All Ohio students who intend to use Ohio state funds for CCP:

- I have met with and received counseling from my high school guidance counselor_____
- I have signed the "Intent to Participate" form in order to receive Ohio state funding *name of counselor*
- I understand that to register I must contact my OCU Academic Advisor.

OHIO CHRISTIAN UNIVERSITY ADMISSIONS

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