OWENS
COMMUNITY COLLEGE

Please check the appropriate box below to indicate which high school your student attends:

☐ Northview ☐ Southview

DUAL ENROLLMENT
EARLY ADMIT
SPECIAL POPULATION

Toledo-area Campus
Oregon Road • P.O. Box 10,000 • Toledo, Ohio 43699-1947
1-800-GO-OWENS, Ext. 7777 • Fax: (567) 661-7418

Findlay-area Campus
3200 Bright Road • Findlay, Ohio 45840-3509
1-800-GO-OWENS, Ext. 3500 • Fax: (567) 429-3083

Please print information clearly with black or blue ink www.owens.edu

1. Semester and year for which applying ○ Fall (August) ○ Spring (January) ○ Summer (June) Yr. _____
2. Social Security Number _____ 3. Are you a new or returning student? ○ New ○ Returning
4. Last Name _____ First Name _____ Middle Initial _____
5. Maiden Name or Other Names _____
6. Permanent Mailing Address (with apartment #) _____
7. City _____ State _____ Zip Code _____ County _____
8. Home telephone (_____) _____
9. Have you resided in Ohio for the last 12 consecutive months? ○ Yes ○ No If no, in what state did you reside? _____
10. Gender ○ Male ○ Female 11. Birthdate _____ / _____ / _____ (Month / Date / Year) 12. Marital Status ○ Single ○ Married
13. Ethnicity ○ American Indian or Alaska Native ○ Asian ○ Pacific Islander ○ White ○ Black/African American ○ Hispanic/Latino ○ Other
14. Country of citizenship (check one) ○ U.S. ○ Other (specify) _____ (For other, complete Immigration Status below)

Immigration status in the United States (Please attach a copy of your Visa or Permanent Resident card) ○ F-1 Student ○ Permanent Resident ○ Other

15. Campus ○ Toledo-area ○ Findlay-area 16. What program of study are you entering at Owens? _____
17. Why are you enrolling at Owens? ○ Personal Interest ○ Upgrade skills ○ Obtain new job ○ Take a few classes to transfer ○ Certificate ○ Degree needed for job ○ Degree needed to transfer
18. Are you or will you be a high school graduate? ○ Yes ○ No Graduation date _____
19. Name of High School _____ City, State, Country _____
20. If you are not a high school graduate, have you passed the high school G.E.D. Test? ○ Yes ○ No Month _____ Year _____
21. College transfer – Please list colleges you have attended, beginning with the most recent. If you are seeking a degree or certificate, then you must have your high school transcript and /or G.E.D. scores and any transcript from a college, university or institution previously attended forwarded to: Records Office, Owens Community College, P.O. Box 10,000, Toledo, Ohio 43699-1947.

Name of Institution	Location	Dates Attended From (mo/yr)	To (mo/yr)

I understand the submission of fraudulent information or failure to follow specified instructions may interfere with my enrollment or acceptance into certain technical programs of study. I will be responsible to pay all fees, interest and expenses incurred. Delinquent accounts will be forwarded to the Ohio State Attorney General for actions as required by the Ohio Revised Code. I agree to abide by all college policies and procedures.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Owens Community College promotes equal opportunity regardless of age, color, disability, national origin, race, religion or sex.