



# 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 College of Ohio 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**  
WSCO2MC Dual Admit Term of Enrollment  
 Fall \_\_\_\_\_  
*(year)*  
 Spring \_\_\_\_\_  
*(year)*  
 Summer \_\_\_\_\_  
*(year)*  
How did you hear about the WSCO2MCDual Admit program?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Will you be seeking housing at Marietta College?:  
 Yes  No  
Have you previously applied to WSCO?  
 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 College of Ohio programs of study below. Transfer programs will be the best choice for WSCO2MC 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 College of Ohio permission to use my photo

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

### 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 College of Ohio's code, which is 010453.

Under the terms of the dual admit program, I agree to allow Marietta College and Washington State College of Ohio 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 College of Ohio, 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

## WSSC2MC--Consent to Release Information to Washington State College of Ohio

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 College of Ohio for the duration of enrollment in the WSCO2MC program.

Name: \_\_\_\_\_ WSCO ID: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ MC ID: \_\_\_\_\_

**By signing below, I authorize disclosure of my academic, conduct, billing, and financial aid information to Washington State College of Ohio 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 WSCO2MC 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 College of Ohio . I further understand that this revocation may result in loss of eligibility to continue in the WSCO2MC 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: \_\_\_\_\_