KENT STATE UNIVERSITY
Kent Campus

2018 Regents STARTALK Foreign Language Academy
Application for Admission

***All Ohio students accepted to the Summer 2018 component are required to enroll in the 2018-19 Academic Year component through the KSU CCP program (see Application Form #1).

FLA Application Deadline: April 15 at 5PM

Please PRINT clearly in ink. No admission fee is required.

Section 1

Ohio high school students must complete the CCP application form for SPRING 2019 at: www.kent.edu/ccp.

Section 2 Full Name and Prior Attendance

Language Choice: Chinese_____________Russian____________________

Legal Last Name___________________________Legal First Name_______________________________

Middle Name_____________________________Suffix (Sr., Jr., II, III, etc.)_______________________

Gender: Male __ Female ___

Birth date: Month ____________ Day ____________ Year ____________

Section 3 Permanent Address and Phone

Permanent Street Address______________________________________________________________

City_________________________State _____ Zip__________ County___________________________

Home Phone (______)___________________Cell Phone (______)______________________________

Student Email Address ______________________________________________________________

Section 4 Personal Information

Are you a United States citizen? Yes ___ No ___

If no, and you are a permanent resident, provide your country of citizenship, permanent resident card number and date granted.______________________________________________

Are you an Ohio resident? Yes ___ No ___

Ethnic Category:

Ethnic information is used for reporting purposes only. Please select one or more as appropriate:

African American (Black) ___ American Indian or Alaskan Native ___ Hispanic or Latino ___

Caucasian American (White) ___ Asian American or Pacific Islander American ___ Non-U.S. Citizen ___
Next of Kin  Mother ____  Father ____  Guardian __

Parent or Guardian Name

Last Name (print)  First Name  Middle

Permanent Street Address__________________________________________________________

City____________________________ State _____  Zip __________  County ____________________

Home Phone (____)____________________  Cell Phone (____)__________________________

Parent Email Address ____________________________________________________________

Have you ever been convicted of a criminal offense or have charges pending against you at this time (other than minor traffic violations)?  Yes ___  No ___

Have you ever been dismissed, suspended or placed on probation by any other college or university for a non-academic reason?  Yes ___  No ___

Section 5 High School Information

Are you homeschooled?  Yes ___  No ___

Do you attend a non-public or private school?  Yes ___  No ___

High School Name _________________________________________________________________

High School Code__________  School District __________________________________________

High School Address_______________________________________________________________

City____________________________ State _____  Zip __________  County ____________________

Phone (____)________________________________________________________

School Counselor’s name you consulted about CCP _____________________________

School Counselor’s Email Address ________________________________________________

Expected Graduation or GED Date: Month___________________________ Year_20________

Current Middle/High School Grade:  __ 6th  ___  7th  ___  8th  ___  9th  ___  10th  ___  11th ___  12th

Intended College Major __________________________________________Check if Undecided ________

Have you taken the ACT or SAT?  Yes ___  No ___  Month and Year of most recent test __________

Are you scheduled to take the ACT or SAT in the future?  Yes ___  No ___  If yes, when? __________

Section 6 Applicant and Parent/Guardian Signatures

By my signature I attest to the fact that all information given on this application is complete and correct. Any intentional omission or falsification will result in denial of admission or immediate dismissal.

_________________________________________________  ____________  ______________________
Applicant’s Signature  Date  Parent or Guardian’s Signature  Date
# Kent State University

**FLA School Counselor/Principal Recommendation**

This section to be completed by the Student and Parent/Guardian

<table>
<thead>
<tr>
<th>Applicant’s Name</th>
<th>Last Name</th>
<th>First Name</th>
<th>M.I.</th>
</tr>
</thead>
</table>

**Course(s) you are considering taking at Kent State University:**

Under the provisions of the Family Educational Rights and Privacy Act, the applicant for Kent State University’s College Credit Plus Program (CCP) has the right to retain or waive access to references provided by school teachers and administrators. Access will be granted to the student/parent unless this waiver is signed by the student and parent/guardian.

I hereby waive the right to review references provided by high school teachers and administrators for Kent State University’s College Credit Plus Program.

<table>
<thead>
<tr>
<th>Applicant’s Signature</th>
<th>Date</th>
<th>Parent or Guardian’s Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

After completing the above information, deliver this form and an envelope to your school counselor or principal. Your counselor or principal will complete the following section and return this form and official high school transcript to you in the envelope you provide. It is your responsibility to allow enough time for your counselor or principal to complete this form and return it to you prior to the deadline.

This section is to be completed by the School Counselor/Principal.

1. Student’s *unweighted* grade point average in high school: ________ on a _________ scale.

2. Student’s numerical rank in high school (e.g., “4 in 195”): ________ in ________.

3. Student’s ACT/SAT scores: *(Include official copy if not on high school transcript.)*

<table>
<thead>
<tr>
<th>English</th>
<th>Mathematics</th>
<th>Reading</th>
<th>Science Reasoning</th>
<th>Composite</th>
</tr>
</thead>
</table>

Please complete this section by rating the student using the scale below:

4. Student’s social maturity:
   - Poor ___ Below Average ___ Average ___ Above Average ___ Exceptional ___

5. Student’s academic ability:
   - Poor ___ Below Average ___ Average ___ Above Average ___ Exceptional ___

6. Do you recommend this student for the CCP Program?
   - Yes ___ No ___ With Reservations ___

7. Please provide specific comments and recommendations regarding the applicant. Include any special factors that might contribute to the applicant’s success (attach additional pages if more space is required).

<table>
<thead>
<tr>
<th>Counselor/Principal Signature</th>
<th>Date</th>
<th>Print Name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Print Title</th>
<th>Email Address</th>
</tr>
</thead>
</table>

**Do not mail or fax this form. Seal this form and the applicant’s official high school transcript in an envelope and return DIRECTLY TO THE APPLICANT. It is the responsibility of the applicant to return these items by the deadline.**
KENT STATE UNIVERSITY
FLA Teacher Recommendation

This section is to be completed by the CCP Applicant and Parent/Guardian

Applicant’s Name __________________________________________

Last name ____________________________ First Name ____________________________ M.I. ____________________________

Course(s) you are considering taking at Kent State University:
________________________________________________________________________________________

Under the provisions of the Family Educational Rights and Privacy Act, the applicant for Kent State University’s College Credit Plus Program has the right to retain or waive access to references provided by high school teachers and administrators. Access will be granted to the student/parent unless this waiver is signed by the student and parent/guardian.

I hereby waive the right to review references provided by high school teachers and administrators for Kent State University’s College Credit Plus Program (CCP).

Applicant’s Signature __________________________________ Date ____________

Parent or Guardian’s Signature __________________________ Date ____________

After completing the above information, deliver this form and an envelope to your high school teacher. Your teacher will complete the following section and return this form to you in the envelope you provide. It is your responsibility to allow enough time for your teacher to complete this form and return it to you prior to the deadline.

This section is to be completed by the High School Teacher

Please complete this section by rating the following statements:

1. Student’s academic readiness for college level course work in subjects specified:
   Poor ___ Below Average ___ Average ___ Above Average ___ Exceptional ___

2. Student’s social maturity:
   Poor ___ Below Average ___ Average ___ Above Average ___ Exceptional ___

3. Student’s ability to study independently:
   Poor ___ Below Average ___ Average ___ Above Average ___ Exceptional ___

4. Do you recommend this student for Kent State’s CCP Program? Yes ___ No ___ With Reservations ___

Please provide specific comments and recommendations regarding the applicant. Include any special factors that might contribute to the applicant’s success (attach additional pages if more space is required).
________________________________________________________________________________________

________________________________________________________________________________________

Teacher’s Signature __________________________ Date ____________

Print or Type Name __________________________ Subject Taught __________________________

Do not mail or fax this form. Seal this form and the applicant’s official high school transcript in an envelope and return DIRECTLY TO THE APPLICANT. It is the responsibility of the applicant to return these items by the deadline.