

Underage College Credit Application

16-17 Years Old

This Underage Admission Application is for students registering into ED 216 only.

The application is a fillable PDF form. Please answer all items on the application.

Instructions: Download the application, fill it in, save it and attach it to an email. **IF YOU USE YOUR SCHOOL ACCOUNT TO FILL IT OUT, PLEASE DO NOT USE GOOGLE DOCS.**

Follow these steps:

1. Submit the *Underage Admission Application and Underage Approval Form (16-17)* to highschool@chemeketa.edu.
2. After submission, you will receive an email with a student I.D. number (K number) and username to the email address on the application. It will also include instructions on how to create your MyChemeketa account and register for classes. Please check your spam folder as well.
3. Follow the instructions in the email including how to register for the class with the provided CRN numbers. A Youtube instructional video link is provided to help you!
4. If you need assistance with registration, please contact Vania Fenner at maria.vania.fenner@chemeketa.edu

Important Information

ED 216 CRN Number - 64341



Underage Admission Application - (Ages 16-17)

Chemeketa High School Partnerships
4061 Winema Place, Bldg. 49, Room 102
Salem, OR 97305
Phone: (503) 399.5293
Email: highschool@chemeketa.edu



You will be issued a Chemeketa student identification (ID) number (K#) to be used as your primary ID. If you provide your social security number to the college it will only be used for record keeping purposes, complying with federal and state requirements, doing research, reporting, extending crediting or collecting debts. You may be required to provide your SSN to the college for compliance with specific federal and state regulations such as applying for financial aid, loans, grant programs and tax reporting requirements. Providing your SSN means that you consent to the use of the number in the manner described. Your SSN will not be given to the general public. Please note that per OAR 559-004-0400, if you choose not to provide your SSN, you will not be denied any rights as a student.

Which term will you enroll at Chemeketa Community College? (choose one)

Summer (June) Fall (Sept.) Winter (Jan.) Spring (March) Year: 20

SSN# (optional)

First Name Middle Name
Last Name
Former Last Name
Mailing Address
City State Zip
Daytime Phone Number Cell Phone Number Date of Birth
Email Address

Will you have lived in Oregon for the 90 days just prior to the term you begin?

No
 Yes

Ethnicity and Race: What is your ethnicity? Hispanic or Latino Not Hispanic or Latino
Select one or more races to indicate what you consider yourself to be:
 American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Gender: Male Female

High School Name (no abbreviations please)
City State
Name of last college attended other than Chemeketa
City State

Do you plan to earn a degree, certificate or diploma at Chemeketa? (choose one)

Yes, high school diploma
 No, here to take classes
 Undecided

Indicate your high school status: (choose one)

Did not complete high school External diploma program Certificate of Initial Mastery Attendance completion GED year
 Alternative high school diploma Still in high school Certificate of Advanced Mastery Proficiency exam High school graduation year

Indicate your college status prior to Chemeketa: (choose one)

Have not attended college Short-term training, private vocational school award, or other

Indicate the main reason you are here this term: (choose one)

Take classes to transfer to 4-year college Explore career or educational options Learn English Learn skill to get a job
 Take classes to finish high school or GED Improve writing, reading or math skills Improve job skills Personal enrichment Other

Chemeketa Community College releases only very limited information regarding students: enrollment status, dates of enrollment, degree or certificate, program of study, athletic statistics or honors awarded. If you do NOT want any person outside of the college, including prospective employers, to know any of these, you must file a request for Non-Disclosure of Student Information form with the Admissions office.

I certify that all statements on this application are complete and true. I also understand that if I am admitted and do not enroll for the term to which I am admitted, I will need to reapply for admission. Submitted materials will not be returned nor duplicated.

Student Signature: _____ **Date:** _____

Email completed form to highschool@chemeketa.edu OR
Drop off at 4061 Winema Place, Bldg. 49, Salem, OR 97305 (please place in mailbox outside of front door)

The College is an equal opportunity/affirmative action employer and educational institution committed to an environment free of discrimination and harassment. Questions regarding sexual harassment, gender-based discrimination and sexual misconduct policies or wish to file a complaint contact the Title IX coordinator at 503-584-7323. For questions about equal employment opportunity and/or affirmative action, contact 503.399.2537. To request this publication in an alternative format, please call 503.399.5192.

Underage Approval Form - (Ages 16-17)

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Salem, OR 97305
Phone: (503) 399.5293
Email: highschool@chemeketa.edu



College Policy 5110 Procedure 5111 requires that this form be completed by students planning to enroll at Chemeketa Community College who are under the age of 18 and do not have a high school diploma or GED. Completion of this form is not required for students enrolling in College Credit Now classes that are offered at local high schools.

Student

Last Name: _____ First Name: _____

Date of Birth (month/day/year): _____ Age: _____

Please indicate term in which you would like to enroll: Summer (June) Fall (Sept.) Winter (Jan.) Spring (March) Year: 20

Please indicate the program or classes in which you would like to enroll:

- College Credit Courses (Underage College Credit/Early College/Dual Credit)
- GED Options (HSP)
- Non-credit classes
- High School College Transition (HCT)
- GED preparation classes
- Expanded Options (EOP)
- GED testing only
- Community Education classes
- Specialized Programs - ED 216

Please indicate specific course you wish to enroll:

Parent/Legal Guardian

Print Name: _____ Home Phone: _____

Signature: _____ Date: _____

High School or Home School Approval

Referring High School/Home School: _____

Counselor/Administrator Signature: _____

Telephone: _____ Date: _____

----- DO NOT WRITE BELOW THIS LINE -----

Released from Compulsory Education - Beginning Date: _____

Exemption from Compulsory Education for GED (student is released for one year) - Beginning Date: _____

Partial Release - Date: _____ Summer (June) Fall (Sept.) Winter (Jan.) Spring (March)
(Mo/Year)

Partial Release - Date: _____
(Mo/Year)

Placement Tests: Completed - Date: _____

Approved Course(s):

High School Partnerships Signature (credit and non-credit courses): _____

Community Education Signature (non-credit community education courses only): _____