

2012 High School Internship Program

18. High school counselor or principal

Name: _____ E-mail: _____

19. Current high school class: Freshman Sophomore Junior Senior

20. List all universities (include Ohio State), colleges, and schools attended, most recent first (attach additional page if needed). Forward official transcripts from each, except Ohio State.

From To Major Degree completed or anticipated

| College/University/School | City and state | Attended | From | To | Major | Degree completed | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---------------------------|----------------|----------|------|----|-------|------------------|--|
|---------------------------|----------------|----------|------|----|-------|------------------|--|

Certification IMPORTANT

I affirm that the information which I have provided on this application form, and any additional material that I submit related to the admissions process, is complete, accurate, and true to the best of my knowledge. I authorize each high school and each college or school I have attended to release academic and personal information, as related to this admission application, upon request by The Ohio State University. I agree to submit other materials which are required for this admission application. I agree that as a student I will be subject to The Ohio State University Code of Student Conduct. I understand that furnishing false or incomplete information on any part of this admission application or any related materials may result in cancellation of admission, registration, or both under Rule 3335-9-20 of the Administrative Code.

In addition, I have been apprised of and understand all the options available to me under the Post-Secondary Enrollment Options Program (as defined by House Bill 262). I have received counseling on the advantages and disadvantages of these options. In addition, I understand that all grades earned as a result of taking courses at The Ohio State University will become a part of an academic record that will be permanently maintained at the university.

I give my permission to The Ohio State University to provide information about my educational records to the individual person(s) named below. This permission will be in effect until I revoke it in writing to: The Ohio State University, Registrar's Office, Student Academic Services Building, 281 W. Lane Avenue, Columbus, OH 43210.

X _____
 Write, do not print, your legal signature. _____ Date

I fully understand all the options and ramifications involved in my son's/daughter's participation in the Post-Secondary Enrollment Options Program. Furthermore, I understand that under PSEOP-Option B, should my son/daughter officially withdraw or be withdrawn from a course at The Ohio State University, I will be financially responsible for all costs (tuition, fees, books, etc.)

X _____
 Parent or legal guardian's signature Date

X _____
 Please print parent or legal guardian's name

This application form, along with the High School Information Form, your transcript, essay, and resume should be mailed to: John Glenn School of Public Affairs, High School Internship Program, 110 Page Hall, 1810 College Road, Columbus, OH 43210

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5. ACT composite score: _____ Not available
Sub-scores: English _____ Math _____ Read _____ Science/Reason _____
PLAN composite score: _____ Not available
Sub-scores: English _____ Math _____ Read _____ Science/Reason _____
SAT: Critical Reading _____ Math _____ Not available
PSAT: Critical Reading _____ Math _____ Writing _____ Not available

6. Please indicate the student's goals and motivation for participating in the program:

7. Please rate this student on the following scale:

Maturity: _____ poor _____ below average _____ average _____ above average _____ exceptional
Motivation: _____ poor _____ below average _____ average _____ above average _____ exceptional
Academic ability: _____ poor _____ below average _____ average _____ above average _____ exceptional

8. 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.)

9. I have fully advised this student and his/her parent(s) or legal guardian(s) of the available options and ramifications involved in the Post-Secondary Enrollment Options Program.

Signature of person filling out form

Date

Printed name of person filling out form:

E-mail address:

Title:

Telephone: