

Oberlin College Educational Alliance Network Student Application

Please follow the instructions carefully for completing this form.

Students

Before filling out your OCEAN application, read it over carefully and make sure that you know all the information that the application requires.

The information that you are giving will be used in the OCEAN program and also by Oberlin College. Once you are accepted into OCEAN, this information will become part of a permanent file at Oberlin College. When filling out this application, please print or type and fill it out completely. Be sure to give your full name, social security number and your birth date. Your social security number is essential to record keeping for the program.

Please remember that an official copy of your secondary school transcript from the most recently completed semester must be sent with your application for OCEAN, **Your application will not be processed without your school transcript.**

Parent/Guardians

This information is very important for billing, acceptance letters, etc. Please include an address if it is different from the student's home address.

Your signature is required to enable Oberlin College to release the student's transcript to their High School.

Student's Full Name _____
(last) (first) (middle)

Social Security Number _____ Birthdate ____/____/____ Gender _____

Home Address _____

City _____ State _____ Zip Code _____

Country of Citizenship _____ Ethnicity (optional) _____

Parents/Guardians Names _____

Address(if different from home address) _____

Secondary School _____ Year of Graduation _____

OCEAN course(s) requested _____

Signature of Parent/Guardian _____ Date: _____

The above signature and completion of this form authorizes Oberlin College to release this student's Oberlin Transcript to the above-mentioned High School. It also authorizes the high school to inform OCEAN of the students post secondary choice.

After completing this part of the form give it to your teacher to complete and return to OCEAN

Students Name _____

Teacher Recommendation

1. What evidence have you seen that the student will be successful in a college-level course?
(Please be specific)

2. Please comment on special strengths/weaknesses that might affect the student's
performance in this course.

(Circle One)

I recommend

I recommend conditionally

I do not recommend

Teacher's Signature _____

School Endorsement Signature _____

(Guidance /Administrator, this indicates school support for student application.)

This section to be completed by Oberlin College

Oberlin College Faculty Course Representative (circle one) **YES** **NO** **CONDITIONAL**

Signature _____

Oberlin College Faculty

Date

Please complete this application and have your school return it along with the student transcript to:

Professor Carol Lasser

OCEAN Director

Department of History

Oberlin College

Oberlin, OH 44074

440 775-6712 email: carol.lasser@oberlin.edu fax:440 775-6638

You may visit our website at: www.oberlin.edu/ocean