



550 East Spring Street
P.O. Box 1609
Columbus, Ohio 43216-1609
614/287-2400 www.cscce.edu

This is your reminder that you have registered for one of the following mandatory PSEO Orientations:

Thursday January 21, 2010, 7:00 PM, Main Campus, TBD

(Building and room information will be emailed to your CSCC student email account)

(The session will last for 2 hours. No walk-ins are permitted. You must be registered for the session you intend to attend at least 24 hours prior to the session start time.) We expect all students to arrive on time to the session. Please allow extra time for traffic, for parking and for locating the room. (A map of Main Campus is available online at www.cscce.edu/Map.) Any student arriving more than 10 minutes after the scheduled start time will not be admitted to the session and must reserve a seat for and attend a later session.

If you are unable to attend your selected session, please go to www.cscce.edu/USE, click on Reserve my PSEO Orientation seat and either cancel your reservation or change to the next session. In addition, if you have reserved a seat for a "guest" and s/he will not be attending, please return to the PSEO Orientation page and change that number. (Go to www.cscce.edu/USE and click on Reserve my PSEO Orientation seat.)

Do not forget to bring your PSEO orientation forms and a photo ID with you. You should print this letter, an Emergency Medical Treatment Authorization form, a Financial Responsibility form, a Letter of Understanding, and a Parking Pass. (If you need to (re)print the forms, go to www.cscce.edu/USE, click on 'I want/need a PSEO/Underage form.')

Finally, please check your student e-mail at mail.cscce.edu/student on a regular basis as information will be primarily sent to you by e-mail. In addition, call (614) 287 5780 two (2) days before your session for any CSCC updates regarding session cancellation or room change information. Do not leave a message at this number as the message will not be retrieved.

Thank you and we look forward to seeing you.

Sincerely,

Seth Bumgarner

Seth Bumgarner, M.Ed., M.P.A.
Program Advisor
Last names (A-H)
(614) 287 3623

Maureen Tock

Maureen Tock, M.A.
Program Advisor
Last names (I-P)
(614) 287 5708

LaVada Washington

LaVada Washington, M.A., M.S.W.
Program Advisor
Last names (Q-Z)
(614) 287 5002

CHECK YOUR STUDENT E-MAIL AT WWW.CSCC.EDU, CLICK ON STUDENT E-MAIL

LETTER OF UNDERSTANDING

As a Columbus State Community College student in the Post Secondary Enrollment Options (PSEO) Program, I understand that the following policies and guidelines apply to me:

1. The PSEO Program is designed to provide me with expanded opportunities through taking college level course work and experiencing a college environment.
2. My required books, tuition, and laboratory fees are free under PSEO (Option B only). Supplies such as notebooks, paper, pens/pencils, and computer discs or programs are my responsibility.
3. Textbooks are the property of Columbus State and must be returned to the CSCC Bookstore at the end of each quarter.
4. My courses are not graded on a pass/fail basis. The grade(s) that I earn in the course(s) I take at Columbus State will become part of my official transcript at Columbus State.
5. Low grades in my course(s) at Columbus State can have an adverse effect on receiving financial aid at Columbus State or possibly at other institutions in the future.
6. If I do not pass a course at Columbus State that is required for my high school graduation, I will not graduate from high school.
7. My high school guidance counselor, school district superintendent, and the Superintendent of Public Instruction for the Department of Education will receive a copy of my schedule each quarter. My high school guidance counselor and the school district superintendent will receive a copy of my grades each quarter.
8. If I fail a Columbus State class, my high school district may require me to pay for the class(es), books and lab fees.
9. If I receive an incomplete ('I') for a class, I have until the last day of the 100% refund to resolve the incomplete ('I') or I must drop all my current classes and retake that class and only that class.
10. I cannot make any schedule adjustments (meaning adding or dropping a course) without receiving permission from my PSEO Program Advisor.
11. **EACH** quarter, I must submit a PSEO Course Request Form to my PSEO Program Advisor to have my restriction(s) lifted in order to register for my classes. I understand it is my responsibility to schedule and drop my classes at CSCC and that I may not exceed 15 credit hours in any quarter.
12. A 3.0 is needed in a high school subject area **PRIOR** to taking the subject at CSCC. As a 9th or 10th grade student, I am limited to **ONE** class per quarter.
13. The Columbus State calendar does not follow my high school calendar, thus I am expected to attend Columbus State classes even if my high school is not in session.
14. I may take courses at Columbus State on the main campus and/or off campus sites during the day, evening, or on weekends. After successfully completing 8 credits, I can participate in distance education classes.
15. As a PSEO student, I will be expected and required to perform at the same level as any other student attending Columbus State and must abide by all policies as set forth by the college.
16. If **I DO NOT SCHEDULE MYSELF** by the PSEO deadline, I understand I will **NOT** be a part of the PSEO program for the quarter.

Please sign below to verify that the PSEO guidelines and policies stated above have been reviewed by you.

Signature: _____ Soc Sec # or Cougar ID (not Username) _____

Name Printed: _____ Date _____

Parent/Guardian Signature _____ Name Printed: _____

Financial Responsibility & Grade Acknowledgement

(Keep a copy for your records)

I understand that in accordance with the provisions of the law regarding the Post-Secondary Enrollment Options Program, Option B, that the State of Ohio will reimburse Columbus State Community College for a portion of the students' expenses.

However, if I fail to complete the course(s), I may be financially responsible for the cost of all tuition, lab fees and books for the course(s). I will need to speak with my high school district about my financial responsibility. Columbus State charges \$79.00 per credit hour. The cost of lab fees and books vary by course.

Failing a course includes but is not limited to the following:

1. Lack of formal withdrawal
2. Nonattendance
3. Failure to complete appropriate exams/assignments
 - ❖ Students who FAIL a course are required to repeat said course and cannot take any additional courses along with the repeated course. Columbus State maintains the right to dismiss students from the PSEO program based upon Academic or General misconduct.
 - ❖ I understand after FAILING TWO courses in any academic year or at any time I am jeopardizing the progress of the program that the Columbus State PSEO program has the authority to dismiss me from the program.
 - ❖ In addition to being financially responsible for the course costs, students who fail a course may be dismissed or suspended as requested by their school district from the CSCC Post Secondary Enrollment Options program.

A copy of my quarterly schedule and grades will be sent to my school district superintendent, my high school guidance counselor, and the Superintendent of Public Instruction for the Department of Education.

Signature: _____

Social Security # or Cougar ID (not Username) _____

Printed Name: _____ Date: _____

Parent/Guardian Signature _____

Printed Name: _____

Emergency Medical Treatment Authorization

For students under the age of 18

D.O.B. _____

If you are OVER 18 years old COMPLETE the date of birth and name portion only.

Name of Student: _____
Last First Middle Initial

Parent/ Legal Guardian: _____
Last First Relationship to Student

Address: _____
Number Street Apt. Area Code/ Home Telephone

City State Zip Area Code/ Business Telephone

In case of emergency, if unable to contact parent/guardian, please contact:

1. _____ Telephone _____ Relationship _____

2. _____ Telephone _____ Relationship _____

Student's Physician _____ Telephone _____

Student's Dentist _____ Telephone _____

If student is taking any regularly prescribed medication, is allergic to any medication, or there is any other emergency information we need to know, please indicate below:

In the event of an accident or illness, I hereby grant permission to authorized Columbus State Community College personnel to authorize first aid to my son/daughter.

Signature of Parent/Guardian _____

Date _____

In the event of an emergency, if reasonable attempts to contact those named above prove unsuccessful, I hereby give consent to transport my son or daughter to the Emergency Medical Department of the nearest hospital. If his/her physician cannot be contacted, medical treatment deemed necessary by the attending licensed physician or dentist may be administered.

Signature of Parent/Legal Guardian _____

Date _____



Temporary Parking Permit

(Place on dashboard of car)

Winter Quarter 2010

This permit allows you to legally park in any Student parking lot. Purchase your Winter Quarter Parking Permit now! Don't wait until this temporary pass expires. Permits are mailed and may take 7-10 business days to arrive. You must have a current Columbus State parking Permit displayed on your vehicle or your vehicle will be ticketed. You may obtain your parking permit one of three ways: Pay \$25 in the cashier's Office, 2nd floor, Rhodes Hall. Call (614) 287-5353 and pay by credit card Go to our website www.csc.edu, and access the CougarWeb from the "Student Quick Links" drop down menu.

Only valid for the following dates and times:

*Thursday January 21, 2010 from
6:00 PM to 9:00 PM*