 

**Summer School Dual Credit Student Application Form 2016**

**Student Information (Please Print Clearly):**

Surname: First Name:

Mailing Address: Apartment/Unit #:

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Code: DOB (Day-Mon-Year):

**OEN # (REQUIRED):** Telephone #: ( )

Cell Phone #: ( ) School:

Please provide a brief explanation of why you are applying to a Mohawk Dual Credit program:

Successful students will earn one high school elective toward their OSSD. The same course also counts as one college credit. Students may choose one of the following courses:

* **Personal Wellness**

This course will allow students to develop the ability to make conscious decisions to be healthy by examining elements of nutrition, physical fitness, sleep, addiction, sexuality, stress management and mental health. Students will build skills critical for the implementation and maintenance of overall good health through self-reflection and the development of positive healthy habits.

OR

* **Digital Arts Photography**

This course will allow students to capture images for design integration through the artistic use of the camera. Students will have access to cameras, dark room and Photoshop software in a Mac lab on campus.

**July 4 – July 27th**

**Monday – Wednesday**

**9:00 am – 1:00 pm**

**Mohawk College**

**Fennell Campus**

I hereby provide my consent to Mohawk College to release information about my educational history, including my marks, to the Coordinator of the Dual Credit programs at Mohawk College as well as to the appropriate School Board for the purpose of fulfilling the requirements for the Dual Credit Program.

**Name of Student** (please print) **Signature of Student**

**Signature of Parent/Guardian (if under 18) Date (Day-Mon-Year)**