



# College of Court Reporting

## Application for Enrollment Form

455 West Lincolnway  
Valparaiso, Indiana 46385  
866-294-3974 – 219-531-1459

Court Reporting - A.A.S. Degree Program – 85 Credit Hours  
Court Reporting - Certificate Program – 55 Credit Hours  
Voice Writing - Certificate Program – 37 Credit Hours

Check One:  Male  Female

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last 4 Digits of Social Security #: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State Issued: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

The Application for Enrollment form is required for all students to be considered enrolled and must be completed in full, signed and returned with \$50 registration fee. Please select one of the following:

- I hereby apply for admission into the A.A.S. Degree Court Reporting program, which consists of 85 Credit Hours. Upon completion of the program, I understand that I that to receive an Associate of Applied Science degree in Court Reporting I must complete all requirements for all classes, as well as all graduation requirements listed in the catalog.
- I hereby apply for admission into the Certificate in Court Reporting program, which consists of 55 Credit Hours. Upon completion of the program, I understand that I that to receive a certificate in Court Reporting I must complete all requirements for all classes, as well as all graduation requirements listed in the catalog.
- I hereby apply for admission into the Certificate in Voice Writing program, which consists of 37 Credit Hours. Upon completion of the program, I understand that I that to receive a certificate in voice writing I must complete all requirements for all classes, as well as all graduation requirements listed in the catalog.

### ADDITIONAL STUDENT INFORMATION

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Twitter Name: \_\_\_\_\_ Facebook Name: \_\_\_\_\_ LinkedIn Name: \_\_\_\_\_

Marital Status:

- I am currently single and have never been married.
- I am currently married.
- I am currently separated.
- I am currently divorced.

Date of marriage: \_\_\_\_\_

Date of separation: \_\_\_\_\_

Date of divorce: \_\_\_\_\_

Maiden Name (if applicable): \_\_\_\_\_

I voluntarily give the following information that enables CCR to demonstrate compliance with Title IV of the 1964 Civil Rights Act:

- |   |  |                                    |
|---|--|------------------------------------|
| <input type="checkbox"/> African American | <input type="checkbox"/> Asian American  | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> Hispanic         | <input type="checkbox"/> Native American | <input type="checkbox"/> Other     |

**SPOUSE INFORMATION (complete if currently married)**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Drivers License #: \_\_\_\_\_ State Issued: \_\_\_\_\_

**DEPENDENT INFORMATION (complete if you have legal dependents or children)**

| Name     | Age   | Relationship | Attending College? |
|----------|-------|--------------|--------------------|
| 1. _____ | _____ | _____        | _____              |
| 2. _____ | _____ | _____        | _____              |
| 3. _____ | _____ | _____        | _____              |
| 4. _____ | _____ | _____        | _____              |
| 5. _____ | _____ | _____        | _____              |
| 6. _____ | _____ | _____        | _____              |
| 7. _____ | _____ | _____        | _____              |
| 8. _____ | _____ | _____        | _____              |

**HIGH SCHOOL or GED ATTESTATION**

I understand that as a requirement for admission to College of Court Reporting, Inc. I must attest to graduation from a high school or its equivalency. I hereby certify that:

I received my diploma from \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I received my GED from \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I understand that if for any reason, this attestation of high school graduation or GED completion is found to be false or untrue, I understand that I will not have met an admission requirement of College of Court Reporting, Inc. and I will not be considered a regular student and thus, will be subject to immediate dismissal from College of Court Reporting, Inc.

I further understand that if this attestation is found to be false or untrue, all Title IV financial aid and any state or institutional financial aid that is distributed on my behalf must be refunded to the appropriate source, and that I will be responsible for payment to College of Court Reporting, Inc. for any and all money refunded.

**PREVIOUS COLLEGE INFORMATION**

- I have not attended any other college or university after high school.
- I have attended the following colleges and/or universities after high school.

| Name     | City, State | Major |
|----------|-------------|-------|
| 1. _____ | _____       | _____ |
| 2. _____ | _____       | _____ |
| 3. _____ | _____       | _____ |
| 4. _____ | _____       | _____ |
| 5. _____ | _____       | _____ |

**EMPLOYMENT HISTORY INFORMATION**

| Employer Name | City, State | Job Title |
|---------------|-------------|-----------|
| 1. _____      | _____       | _____     |
| 2. _____      | _____       | _____     |
| 3. _____      | _____       | _____     |
| 4. _____      | _____       | _____     |
| 5. _____      | _____       | _____     |

**FINANCIAL INFORMATION**

If you are accepted into the college, how do you plan to pay for your education (Check all that applies)?

- Federal Pell Grant     Cash     Monthly Payments     Federal Student Loans
- Veteran Benefits     Spouse of Veteran Benefits/Scholarships     Trust Fund
- Scholarships     Employer/Agency
- Other \_\_\_\_\_

**FINANCIAL AID INFORMATION**

- I have completed the Free Application for Federal Student Aid.
- I plan to complete the Free Application for Federal Student Aid.

## STATEMENT TO RELEASE INFORMATION

I hereby  (give)  (do not give) the College of Court Reporting, Inc., permission to release academic, attendance, and other information to my parents or guardians, prospective employers, groups or organizations who are partially or entirely funding my education.

I hereby  (give)  (do not give) the College of Court Reporting, Inc., permission to use my name in news releases which list students who have achieved academic honors or other outstanding achievement.

I hereby  (give)  (do not give) the College of Court Reporting, Inc., permission to use my name, photograph, testimonials, etc., in the college's advertising and marketing efforts, which may include mailings, the CCR website, etc.

## DRUG FREE POLICY

\_\_\_\_\_ (Initial here) I have read and understand the drug-free policy as provided to me by the College of Court Reporting, Inc. I understand that by signing this document, I am responsible for meeting and complying with this policy.

## PROGRAM LENGTHS

\_\_\_\_\_ (Initial here) I understand that to obtain an Associate of Applied Science degree in court reporting, the A.A.S. Degree in Court Reporting program requirements must be completed within 11 semesters; to obtain a Certificate in Court Reporting, the Certificate in Court Reporting program requirements must be completed within 8 semesters; and to obtain a Certificate in Voice Writing, the Certificate in Voice Writing program requirements must be completed within 5 semesters.

## CLASS SCHEDULE

\_\_\_\_\_ (Initial here) I understand that I will receive a class schedule from the college following my the registration process each semester. The class schedule will identify the time of day and days of the week when classes are schedule to meet. I further understand that I may request at any time an example schedule prior to registering for classes.

## EMPLOYMENT GUARANTEE DISCLAIMER

\_\_\_\_\_ (Initial here) I understand that CCR assists students with job placement and that CCR cannot guarantee job placement. The college prepares graduates for the job search and interview process and is proud of their high placement rate. CCR places students locally as well as all over the United States. Court reporting students complete an internship which frequently leads to employment. Students will also network with court reporting professionals through our Mentor Program.

## CANCELLATION POLICY

A full refund will be made to any student who cancels their application for enrollment within six business days after the application is signed by the applicant. After expiration of the six business day's cancellation privilege, the school will retain the \$50.00 registration fee.

**REQUIRED SIGNATURES**

**Certification:** I certify that the above answers are true, correct and complete to the best of my knowledge. If any statement is not true, I understand I will be held responsible, which may result in immediate dismissal from the College of Court Reporting. Further, I agree to abide by the policies and procedures outlined in the colleges catalog and other publications that have been and/or will be provided to me throughout my enrollment.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Signature of Applicant**                      **Month**                      **Day**                      **Year**

**Acceptance:** I have reviewed and accepted the Application for Enrollment, other application forms, and supporting documentation.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Signature of College of Court Reporting Representative**                      **Month**                      **Day**                      **Year**

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## CREDIT CARD INFORMATION

Social Security Number of Student: \_\_\_\_\_

Payment Method:  Visa  MasterCard  Discover

Full Name as it appears on the credit card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Credit Card Security Code: \_\_\_\_\_

I understand that my credit card will be charged the \$50 registration fee. I further understand that this document will be removed from the application form and destroyed. The college will not maintain any record of the above credit card information.

\_\_\_\_\_  
Authorized Signature of Cardholder

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year