



## Running Start Program Application Information

### *Running Start for High School Seniors*

Running Start is a program offered at the Community College of Rhode Island for high school students who demonstrate the academic achievement and maturity necessary to enroll in college courses during their senior year. Seniors who study at CCRI on a full-time basis during the day may be eligible to earn college credit and credit for high school graduation simultaneously.

### *Running Start Admission Criteria:*

1. A cumulative high school average of “B” is required.
2. Submission of an official high school transcript.
3. Permission of parent or guardian.
4. Recommendation from a guidance counselor or principal accompanied by a list of courses that includes requirements for graduation from high school and other recommended college courses.
5. ACCUPLACER placement testing that demonstrates readiness at the college level in reading, writing, and math is required. Testing should be completed following submission of the Running Start Application. Applicants who place into developmental courses will not be accepted. Courses that are considered to be developmental include:

ENGL 0250	Compensatory Writing Skills
ENGL 0312	English as a Second Language: Reading I
ENGL 0700	Essential Reading Skills
ENGL 0850	Basic College Reading
ENGL 0890	Critical Reading for College Success
ENGL 8500	Basics of Composition
MATH 0500	Fundamentals of Mathematics
MATH 0600	Elementary Algebra
MATH 0700	Geometry
6. Enrollment in a minimum of 12 credit hours at CCRI for both the fall and spring semesters.



*Process:*

1. Obtain a Running Start application from your high school guidance office or from the CCRI Web site: [www.ccri.edu/oes/admissions/admn\\_info.html](http://www.ccri.edu/oes/admissions/admn_info.html).
2. Complete the application with your guidance counselor.
3. Verify that your high school guidance counselor lists the courses in which he/she wishes you to enroll and states which campus you prefer.
4. Submit the completed application, the \$20 application fee, the completed guidance counselor recommendation form, your official high school transcript, and high school profile outlining the grading system to CCRI by **March 1** prior to the fall semester in which you wish to enroll. Send all required information to:

John Araujo  
CCRI Knight Campus  
Office of Enrollment Services  
400 East Ave.  
Warwick, RI 02886-1807

5. Call 401-825-2301 to schedule an appointment for ACCUPLACER placement testing one week after submission of your application. It is important for students to be familiar with the ACCUPLACER test. Please read the ACCUPLACER review packet at [www.ccri.edu/advising/new\\_students/accuplacerreview.pdf](http://www.ccri.edu/advising/new_students/accuplacerreview.pdf). The fee for placement testing is \$40.

*Additional Information:*

1. Running Start students are not eligible to receive financial aid. Students are responsible for tuition, fees, and books.
2. Applications will be reviewed after the March 1 deadline. Admission decisions will be based on successful completion of the Running Start admission criteria. Students will be notified of admission decisions no later than **April 15**.

*For more information, contact the Office of Enrollment Services at 401-825-2003.*



\$20.00 (Application Fee)

### 1 Complete this form after you have read the application instructions and after you have reviewed our program listings. Please print clearly.

Date of Application		Social Security Number	
Name as it appears on Social Security card or Passport		Mandatory if you are applying for financial aid; will not be used as a Student ID	
Last Name	First Name	Middle Initial	Birth Date Mo / Day / Yr
Previous/Maiden Name		Middle Initial	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Choose not to report
Permanent/Mailing Address <span style="float: right;">Apt/Unit</span>			
City		State	ZIP
Home Telephone Number	Cell Number	E-mail Address @	
How long have you lived at current address? _____ / _____ If less than three months, please list previous address: Years Months			
Street _____		City _____	State _____ ZIP _____ Country _____
		Number of years at previous address <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	

### 2 Please check all that apply. The information that you provide helps us to comply with federal reporting requirements only and will not, in any way, impact a decision on your application.

Ethnicity/ Race <input type="checkbox"/> Hispanic or Latino <b>For Non-Hispanic/Latino's only</b> <input type="checkbox"/> American Indian or Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Choose not to report	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Choose not to report	Additional Information <input type="checkbox"/> Single Parent <input type="checkbox"/> Displaced Homemaker* <input type="checkbox"/> Speaker of English as a Second language <input type="checkbox"/> Either Parent (biological or adoptive) Earned a 4-yr Degree <small>Check all that apply</small>
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Ethnicity/Race data reporting for federal purposes has changed. The selections that you see in this section are the choices as mandated by the federal government for higher education reporting purposes, known as IPEDS (Integrated Postsecondary Education Data System).  
 \* The term Displaced Homemaker refers to women or men who have worked mainly in the home for a minimum of two years caring for home and family. Due to loss of family financial support (usually through death, disability or divorce), these individuals must leave the home and seek to support themselves and their families.

### 3 Please check boxes in both sections A and B as appropriate. Failure to do so will result in your application not being processed.

**A.** ☐ I declare Rhode Island to be my legal state of residence.\*\*  
☐ I declare my legal residence to be in a foreign country. \_\_\_\_\_ (Country Name)  
☐ None of the above.

**B. Are you a U.S. citizen?** ☐ YES ☐ NO (If not, please answer the next question)  
**If you are not a U.S. citizen, do you possess an I-151, I-551, or an I-94 card that signifies refugee status?** ☐ YES ☐ NO  
**If yes, please attach a copy of both sides of your immigration card to this application.**

Please note: Misrepresentation concerning statements of residency and/or citizenship is grounds for immediate dismissal from the college and liability for all tuition and fees that may result from such fraudulent statements.

\*\* To qualify for in-state tuition at the Community College of Rhode Island you must have maintained residency in the state for at least 12 continuous months. Proof of residency may be provided in the form of rent or mortgage receipts, utility bills, bank statements or any other official documents demonstrating an in-state address for a period of 12 months or more.

### 4 Agreement:

I certify that the information that I have provided on this application is true and correct. Further, by signing this form, I agree to abide by the rules and regulations at, and fulfill all financial obligations to, the Community College of Rhode Island.

Signature of Applicant _____ <small>(If under age 18, signature of parent/guardian)</small>	Date _____
<b>Method of Payment (check one)</b> <input type="checkbox"/> Check or money order <input type="checkbox"/> Credit card payment: Please charge the following credit card:	
<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover Card	
Name of cardholder _____ Card Number _____	
Exp. Date _____ Signature required to process your application _____	

#### For Office Use Only

Fee Paid \$ \_\_\_\_\_

NEBHE \_\_\_\_\_

## RUNNING START PROGRAM RECOMMENDATION FORM

High School Guidance Office (This page is to be completed by the high school guidance counselor.)

The guidance counselor is asked to make a recommendation with regard to the student's social and academic preparation for a college experience. In addition, we ask that you please list the specific courses the student needs to fulfill high school graduation requirements.

Recommendation:

Below is a sample of how you should list the recommended courses in which your student has permission to enroll for the fall and spring semesters:

Fall Semester

Spring Semester

i.e. ENGL 1010 Composition I

i.e. ENGL 1200 Intro. To Literature

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\_\_\_\_\_

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Please check the preferred campus:    Flanagan (Lincoln) \_\_\_\_\_    Knight (Warwick) \_\_\_\_\_  
Liston (Providence) \_\_\_\_\_    Newport County \_\_\_\_\_

\_\_\_\_\_  
Guidance counselor's name (please print)

\_\_\_\_\_  
Name of school

\_\_\_\_\_  
Guidance counselor's signature

\_\_\_\_\_  
Date

