Student Name		



Secondary One-Year Option Program Completion Form

Instructions – Students should complete the student information section and submit to their high school/career-tech center. The high school/career-tech center is responsible for providing information on the completion of the secondary program as well as sending this form to the college/university selected. Please note that students will need to provide documentation of their credential(s) upon matriculation at the college/university.

Student Information			
First Name:	Last Name:	Middle Initial:	
Date of Birth:			
High School Graduation Date			
Primary Phone:	Email:		
College Department/Office:	-		
Student Signature:	Date:		
The student must successfu	utlined on the One-Year Option templates s must be current.	program within their pathway and complete any e. Students must access the credit within five years of	
OFFICIAL SEAL OR STAMP HERE	Secondary One-Year Cost Option Completed	smetology	
	Name of institution:		
	Address:		
	Name of (CT) ² Contact Person:	Title:	
	Email:	Phone:	
	Signature of (CT) ² Contact Person:	Date:	

Contact Information

Questions about One-Year Option requirements may be directed to Ohio Articulation and Transfer Network staff at:

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