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Persons seeking to study at Oakland Community College whose qualifications may not fit an admission category described in the current application for admission, schedule of classes, or college catalog should contact the Enrollment Services Department at the campus they plan to attend in order to receive the "Exceptional Admission" packet.

The following procedures must be followed and documented before a decision can be rendered regarding eligibility. **Progression through these steps does not guarantee admission**, nor does it in any way delimit or abridge the College's right to deny educational services.

If admitted, the applicant will receive "Guest Student" status which is valid for **one semester only**. This procedure must be followed for any subsequent semesters until regular admission qualifications are met. **NOTE:** The applicant must also meet all admission requirements of a High School Guest Student.

In preparing a request for exceptional admission, it falls upon the parent/guardian of the proposed applicant to:

- A. Submit the APPLICATION FOR EDUCATIONAL SERVICES form listing the desired course or service you wish to receive from OCC, along with any information or qualifications you would like us to take into consideration when reviewing this request.
- B. Submit the **SCHOOL DISTRICT ACKNOWLEDGEMENT AND SUPPORT** form completed by a representative of the school district you attend which verifies that:
 - 1. The district does not provide the desired educational services wanted, and
 - 2. The district supports the request for service from Oakland Community College

NOTE: This requirement is not applicable to home-schooled youth

- C. Submit the **COLLEGE FACULTY STATEMENT OF SUPPORT** from an OCC faculty member who consents to provide instruction in an appropriate class taught by that instructor offered under the auspices of the College. Contact information may be obtained from the Dean of Campus Affairs at the campus where the class | is offered.
 - 1. The faculty member should note any perceived limitations or restrictions which accompany the support of the offer to proceed, including the consideration of course content and instructional methods in relation to the applicant's age/maturity level.
 - 2. The campus department chairperson must concur with the decision if the faculty member is not a full-time instructor at OCC.
- D. Submit a completed OCC application for admission listing High School Guest (HSG) as the Academic Program Code
- E. Document the exceptional academic standing of the applicant by including:
 - 1. A copy of the most current report card and/or a copy of recent standardized test results (i.e. MEAP, SAT or other designated assessment per the college)
 - 2. A detailed statement of educational assessment by
 - i. a credentialed educator
 - ii. a licensed professional (psychologist, psychiatrist, or counselor)

Upon completion of the required documentation, the parent/guardian should arrange a meeting with the Dean of Campus Affairs in the Enrollment Services Department at the campus where the services are desired. It is imperative that the applicant, the parent/guardian, and the Dean of Campus Affairs each attend this meeting. The Dean of Campus Affairs will review the paperwork and interview the applicant. After thorough examination, a determination will be made whether to approve or deny the request. This decision will be conveyed to the applicant in person, by phone, or by mail within five business days.

- 1. Should the request receive full support, this shall be noted in writing and the request will be processed.
- 2. Should it be determined, for any reason, that this is not the appropriate time or method to fill the request for exceptional admission, this shall be noted in writing and the request will be terminated.

Should it become necessary to consider a change in classes due to such events as cancellation, the details of such shall be overseen by the Dean of Campus Affairs on the campus providing the services, along with the full concurrence of the faculty members. The Academic Dean on campus may be consulted for approval if the change is a substantive one, such as a change in the type or amount of services to be provided, or if some change in servicing personnel is deemed necessary.

A check-list and required forms are attached. When this package is complete, please schedule an appointment with the Dean of Campus Affairs at the campus offering the class(es) for which admission is sought. The main number for each campus is listed below. Please call this number and ask for the Enrollment Services Department:

Auburn Hills Campus 2900 Featherstone Rd. Auburn Hills, MI 48326-2845 (248) 232-4100

Royal Oak Campus 739 S. Washington Royal Oak, MI 48067-3898 (248) 246-2400 Highland Lakes Campus 7350 Cooley Lake Rd. Waterford, MI 48327-4187 (248) 942-3100

Orchard Ridge Campus 27055 Orchard Lake Rd. Farmington Hills, MI 48334-4579 (248) 246-2400

Southfield Campus 22322 Rutland Dr. Southfield, MI 48075-4793 (248) 233-2700

| Contact the Enrollment Services Department at campus to request the "Exceptional Admission" packet | | | |
|--|--|--|--|
| Obtain the name and phone number of the faculty member teaching the class you wish to enroll in from the Dean of Campus Affairs | | | |
| Arrange a meeting with the faculty member to request enrollment in their class (applicant and parent/ guardian must attend) | | | |
| Complete the Application for Educational Services form | | | |
| Secure a completed School District Acknowled | gement and Support form | | |
| Obtain the completed College Faculty Statement of Support form with all necessary signatures | | | |
| Obtain & Complete the OCC Application for Admission – High School Guest Enrollment | | | |
| Arrange a meeting with the Dean of Campus Affairs to discuss the request (applicant and parent/ guardian must attend). Bring all documentation to this meeting | | | |
| Submit the completed paperwork included in the Exceptional Admission packet along with the required supplemental documentation: | | | |
| Copy of the most recent report card and/or recent standardized test scores | | | |
| Statement of educational assessment from a | ppropriate source | | |
| Receive notification of the decision | | | |
| | | | |
| IF APPROVED: | IF DENIED: | | |
| Schedule assessment testing if required | The Dean of Campus Affairs decision is final. | | |
| Meet with an OCC Counselor for advising, | You may choose to re-apply the following semester or you may go through the same | | |

Register for class

if necessary

Pay for Class by payment deadline

semester or you may go through the same request process at a different campus.

Procedure for Exceptional Admission Application for Educational Services

| Name (Last) | (First) | (Middle) | | |
|---|--------------------------------|----------------------------|-------|--|
| Address (Street) | (City) | (State) | (Zip) | |
| Home Phone | Birthdate | | | |
| School District | | | | |
| Home-Schooled 🗌 Yes 🗌 No Current Grade Level | | | | |
| Desired Courses/Service: (Please check the semest | er schedule of classes to obta | in the required informatio | n) | |
| Semester | Campus | | | |
| Course Title | | | | |
| Course Code | | | | |
| Section Number | | | | |
| Instructor | | | | |
| Special Skills/Qualifications for Consideration: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Applicant Signature | | Date | | |
| | | | | |
| Parent/Guardian Signature | | Date | | |

Procedure for Exceptional Admission School District Acknowledgement and Support

| Applicant Name | Birthdate |
|--|---------------------------------------|
| We acknowledge and support the applicant's desire for college educational serventiation of the district. | rices from Oakland Community College. |
| School District | |
| Address | |
| Phone # FAX # | |
| Applicant is enrolled at (Name of School) | Grade |
| School District Representative (Printed Name) | |
| Title | |
| Signature | Date |
| | |

Procedure for Exceptional Admission College Faculty Statement of Support

| Applicant Name | Birthdate | | |
|---|--|--|--|
| I have considered the request of this applicant and offer my | y consent to provide instruction in the following course: | | |
| Semester | Campus | | |
| Course Title | | | |
| Course Code/Section # | Meeting Day/Time | | |
| It is my opinion that this act will provide no undesirable ger and targeted population; however, the following considerat guardian and applicant: | neral educational effects as services are delivered to my usual ions regarding this course should be noted by the parent/ | | |
| Instructor Signature | Date | | |
| Printed Name | Full-time OCC Faculty? (Check One) | | |
| Approval of Department Chairperson (Required only if | the instructor is not full-time OCC faculty) | | |
| Department Chairperson Signature | Date | | |
| Printed Name | | | |

| Request for exceptional admission is APPROVED | | | | | |
|--|-------------------|---------|--|--|--|
| Request for exceptional admission is DENIED at this time | | | | | |
| | | | | | |
| Dean of Campus Affairs | C | ampus | | | |
| Printed Name | | _ Date | | | |
| | | | | | |
| Follow-Up Procedures | | | | | |
| Applicant Notified (Check One) | on 🗌 By Phone 🗌 I | By Mail | | | |
| Approved Guest Application processed on campus (HSG) | | | | | |
| | | | | | |
| Processor's Signature | | _ Date | | | |
| Printed Name | | _ | | | |