



College Credit Plus

Intent to Participate Form

2018-2019 School Year

Ohio revised Code 3333-1-65.1

Student's Name _____ ID # _____

(Please Print)

Grade: 7__ 8__ 9__ 10__ 11__ 12__ (for 2018-19 school year)

Please check all that may apply:

- I am interested in taking College Credit Plus classes available at my high school (must be enrolled as high school student and meet pre-requisites)
- I am interested in taking College Credits Plus courses at a college or university (must meet college/university enrollment criteria)
- I am interested in taking College Credit Plus classes at my high school and taking college classes either online or at the college/university campus

***Return this form to your Guidance Counselor _____**

***RETURN THIS FORM NO LATER THAN March 23, 2018. ALL INTENT TO PARTICIPATE FORMS MUST BE RECEIVED BY THE SCHOOL COUNSELOR EITHER IN PERSON, BY EMAIL OR POSTMARKED BY April 1, INORDER TO PARTICIPATE IN THIS PROGRAM. ORC 3333-1-65.1**

This form is to serve as notification to my Counselor that I intend to participate in the College Credit Plus Program. I understand it is my responsibility to take these next steps:

1. Together with my family, investigate Ohio public colleges/universities and their admission requirements.
2. Apply to the selected Ohio college/university as CCP student.
3. Notify your Counselor that you have been accepted into the Ohio college/university.
4. Register to take the college/university placement test (for courses not offered at the high school) and register for the college class at the college or university
5. Provide your Counselor with a copy of your college courses taken off campus (available every semester).

I understand it is my responsibility to notify my school if I do not gain admission to the college or university.

STUDENT SIGNATURE: _____

PARENT SIGNATURE: _____

(Over)

College Credit Plus Intent Form

Student's
Name _____ ID# _____

College Credit Plus Information/Counseling Requirement

Date: _____ High School: _____

I have received the guidelines for the College Credit Plus Program at Lakota Local School. I understand the commitment this program requires and that the grades I receive in my college courses while in high school will reflect on my high school and college transcript. I also understand that should I fail a College Credit Plus Course, that I will be required to reimburse the district for the costs associated with the college courses that occurred.

Student's Name (please print)

Student's Signature

Parent's Name (please print)

Parent's Signature

This form is due to your Counselor by March 23, 2018 (must be turned into their office, mailed and postmarked by 4/1, or sent electronically by the deadline in order to participate). ORC 333-1-65.1