



College Credit Plus

Intent to Participate Form

2017-2018 School Year

Ohio revised Code 3333-1-65.1

Student's Name _____ ID # _____

(Please Print)

Grade: 7 ___ 8 ___ 9 ___ 10 ___ 11 ___ 12 ___ (for 2017-18 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 31, 2017. ALL INTENT TO PARTICIPATE FORMS MUST BE RECEIVED BY THE SCHOOL COUNSELOR EITHER IN PERSON, BY EMAIL OR POSTMARKED BY APRIL 1 IN ORDER 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 public colleges/universities and their admission requirements.
2. Apply to the selected college/university as CCP student.
3. Notify my counselor that I have been accepted into the college/university.
4. Register to take the college/university placement test (for courses not offered at the high school)
5. Register for course(s) at the college or university (applies to Lakota on-campus CCP courses also)
6. Provide my counselor with a copy of my 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. 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 31, 2017 (must be turned into their office, mailed or postmarked by 4/1, or sent electronically by the deadline in order to participate. 3333-1-65.1).