



College Credit Plus 2023-2024 School Year Intent to Participate **MUST BE SUBMITTED BY APRIL 1st**

Student Name _____ Grade level _____

_____**New CCP Participant** PLEASE TURN IN YOUR COMPLETED CCP APPLICATION TO YOUR SCHOOL COUNSELOR BEFORE May 5th

- Parent/Guardian attended MANDATORY meeting through _____
- Date of Meeting attended _____

_____**Continuing CCP Participant**

This is to certify that I understand the rules and regulations related to College Credit Plus. This includes the following:

1. Program eligibility
2. Options available
3. Financial arrangements (Withdrawn after 14 days or an F in a course = Student charged)
4. Academic credits
5. Support service available (Academic Support Center www.lorainccc.edu/academic+support+center)
6. Scheduling
7. Grade point averages
8. Graduation requirements
9. Academic and social responsibilities

By signing the Intent to Participate in College Credit Plus form you acknowledge that you understand the responsibilities you assume by participating in the College Credit Plus Program.

Please complete and sign the reverse side of this form.

INTENT TO PARTICIPATE IN COLLEGE CREDIT PLUS
ACADEMIC YEAR 2023 - 2024: PUBLIC SCHOOLS

Date <i>After April 1, you will need permission from the school principal to participate.</i>	
School Name	
Student Name	
Student Grade Level 2023-2024	
Parent/Guardian Name	
Home Address	
Parent Phone Number	
Parent Email Address	
Student Phone Number	
Student Email Address	

DECLARATION OF INTENT

I would like to declare my intent to participate in the College Credit Plus program. I understand that signing this form does not require that I participate during the upcoming school year, and I may decide not to participate without consequence.

I also understand that it is my responsibility to notify my school if I do not gain admission to my selected institution of higher education or choose not to participate in the program.

In addition, I certify that I have received counseling about the College Credit Plus program concerning the rules and regulations for both my school and the college, and that I understand my responsibilities, the benefits and possible risks of participating in the College Credit Plus program.

Please sign and return this form to the secondary school by **April 1**.

Parent Signature _____

Student Signature _____

Date _____