

Letter of Intent to Participate in College Credit Plus

Please Print

Date _____

Student Name _____

Parent/Guardian Name _____

Home Address _____

PLEASE INDICATE PREFERRED METHOD OF CONTACT:

Parent Phone Number (Day) _____ (Evening) _____

Parent Email Address _____

Student Contact Info _____

School _____ Grade _____

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 coming 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 for some other reason.

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. I understand that my student/family is responsible for full reimbursement to the Northeastern Local School District for any costs associated with a course(s) that is not completed or in which a failing grade is received.

Student Signature _____

Parent Signature _____

Please select institutions to which you intend to submit an application:

- | | | |
|---------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Clark State | <input type="checkbox"/> Wittenberg | <input type="checkbox"/> Cedarville |
| <input type="checkbox"/> Wright State | <input type="checkbox"/> Urbana | <input type="checkbox"/> Other _____ |

(This includes any HS for College Credit Classes)