This form must be returned to your School Counselor by <u>April 1st.</u>

COUNSELING FORM *COLLEGE CREDIT PLUS*

I hereby certify I have been counseled and agree to abide by all policies, procedures, and academic responsibilities related to the College Credit Plus Program. I understand that Montpelier High School and the Montpelier Exempted Village School's Board of Education have met all of the requirements set forth by law prior to my child attending the post-secondary institution of his/her choice for the upcoming school year.

Students who choose to enroll under Option B and who fail to complete the course, whether through a formal class-drop process, nonattendance or a failing grade, will result in all financial obligations for that course defaulting to the student or his/her parents. It is the responsibility of the college to notify the student, parent, and school district of a participating student's failure to complete the course(s).

I understand that the secondary institution has information available regarding College Credit Plus in the form of an Academic Guide, on their website, in the high school counseling office, and at their annual College Credit Plus information meeting. Complete rules of the College Credit Plus Program can be found at the Ohio Board of Regents website at www.ohiohighered.org/college_credit_plus.

_____ I hereby certify that I have received counseling from the secondary institution and agree to abide by the policies, procedures, and academic responsibilities of College Credit Plus.

_____ I have received notification where I can locate information regarding College Credit Plus.

Student Signature _____ Date_____

Parent Signature_____ Date_____

School Counselor_____ Date_____