

Intent to Participate in College Credit Plus

School Year Participating in CCP: _____

Student Name: _____ (please print)

Student ID: _____ (lunch code)

Circle Grade for Next Year: 7 8 9 10 11 12

Graduation Year: _____

I intend on participating in College Credit Plus next school year. By signing this form, I realize I still must meet the college/university admission requirements and timelines to be accepted into the program. I also understand that I am not committed to this program and may decline my participation prior to the end of this school year.

By signing this form, I declare my intent to participate in CC+.

Student Signature: _____ Date: ____-____-____

Parent Signature: _____ Date: ____-____-____

**THIS FORM IS DUE TO YOUR SCHOOL COUNSELOR NO LATER THAN 3:00PM ON
APRIL 1st OF THE YOUR PRIOR TO YOUR PARTICIPATION.**

For Office Use:

Date Received: ____-____-____

Counselor: _____