

Letter of Intent to Participate in College Credit Plus

Date _____

Student Name: _____

Grad Year: _____

Assigned Counselor: _____

Parent/Guardian Name: _____

Course Term – Circle all the Apply

Intended Course: _____ Credit Hours: _____ Summer Fall Spring

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Intended Course: _____ Credit Hours: _____ Summer Fall Spring

*Read the following statements, **initial** the space provided by each statement, and sign below to indicate that you understand and agree to the procedures put forth in this document.*

_____ I understand that signing this form does not require that I participate in College Credit Plus during the upcoming school year, and I may decide not to participate without consequence.

_____ I 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.

_____ 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.

Student Signature

Parent Signature