



Letter of Intent to Participate in College Credit Plus for the 2026-2027 School Year

Please complete this form and submit it to your school counselor by APRIL 1st!

PLEASE PRINT

Student Name _____ Current Grade _____

Student Phone _____

Student Email Address _____

Parent/Guardian Name _____

Parent/Guardian Phone Number _____

Parent Email Address _____

Which semester(s) do you plan to participate in CCP (check all that apply)

Summer 2026

Fall 2026

Spring 2027

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 CH-UH and the college and that I understand my responsibilities, the benefits, and possible risks of participating in the College Credit Plus program including any fees assessed by a private university and reimbursement to CH-UH for failing or withdrawing from classes. I also understand any possible impact on grades and graduation requirements or probation/dismissal from CCP.

I understand that by enrolling in College Credit Plus courses, content *may* include mature subject matter that will not be modified based upon College Credit Plus enrollee participation, regardless of where course instruction occurs.

I understand that Cleveland Heights-University Heights is not responsible for direct supervision of a student attending a CCP course, including a student who leaves the high school to attend a CCP course online or at a partnering college. Rules and conditions regarding CCP courses are subject to change through ODE and Ohio legislative action.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Cleveland Heights High School

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