

New to CCP _____
Returning _____
Office use only



Department of Higher Education

College Credit Plus

Counselor meeting
Date _____
Time _____
Office use only

INTENT TO PARTICIPATE IN COLLEGE CREDIT PLUS PUBLIC SCHOOLS

| | |
|--|--|
| Please Indicate the Academic Year for which this Intent Form is for | |
| School Name | |
| Student Name | |
| Student Grade Level Next Year | |
| Parent/Guardian Name | |
| Home Address | |
| Parent Phone Number | |
| Parent Email Address | |
| Student Phone Number | |
| Student Email Address | |

| | |
|----------------------------------|---|
| Select Date of Submission | <input type="checkbox"/> April 1st (For the upcoming Academic Year) <input type="checkbox"/> November 1st (For the next semester or term only) <i>Any student who provides notification by the first day of April may be approved to participate in the program for the next full school year. Any student who provides notification by the first day of November may be approved to participate in the program for the next semester or term only. Any student who fails to provide the notification by the required date may not participate in the program in the next semester or term without the written consent of the principal, or equivalent.</i> |
|----------------------------------|---|

DECLARATION OF INTENT

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 upcoming school year or the next semester or term, 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 in the program.

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.

Please sign and return this form to the secondary school by **the deadline period selected above.**

Parent Signature _____ Date _____

Student Signature _____ Date _____