

CCP Information Page

Student Name _____

1. Which University/College(s) do you intend to take CCP classes through?

2. (circle all that apply) Which Semester do you intend to take CCP

Summer 26' / Fall 26' / Spring 27'

3. (circle one) Do you plan to be Full Time CCP
or Part Time (some ccp and some RHS classes)

Full Time / Part Time



Counseling Session for College Credit Plus Participation

This document provides confirmation of counseling for the College Credit Plus program.

Table with 2 columns and 3 rows: Date, Student's Name, Parent's or Guardian's Name

The counseling session must occur before the student participates in the College Credit Plus program. Each public and participating nonpublic secondary school shall provide counseling services to students in grades six through eleven and to their parents before the students participate in the College Credit Plus program to ensure that students and parents are fully aware of the possible consequences and benefits of participation.

Counseling information shall include:

- Program eligibility;
The process for granting academic credits;
Any necessary financial arrangements for tuition, textbooks, and fees;
Criteria for any transportation aid;
Available support services;
Scheduling;
Communicating the possible consequences and benefits of participation, including all of the following:
The consequences of failing or not completing a course under the program, including the effect on the student's ability to complete the secondary school's graduation requirements;
The effect of the grade attained in a course under the program being included in the student's grade point average, as applicable;
The benefits to the student for successfully completing a course under the program, including the ability to reduce the overall costs of, and the amount of time required for, a college education.
The academic and social responsibilities of students and parents under the program;
Information about and encouragement to use the counseling services of the college in which the student intends to enroll;
The standard packet of information for the program developed by the Chancellor of the Ohio Department of Higher Education. (See the highered.ohio.gov/ccp for more information.)
Information about the potential for mature subject matter, as defined in section 3365.035 of the Revised Code, in courses in which the student intends to enroll through the program and notification that courses will not be modified based upon program enrollee participation regardless of where course instruction occurs. The information shall include the permission slip described in division (B) of section 3365.035 of the Revised Code (attached).
Secondary schools must also provide information of the administrative rules of Course Eligibility (OAC 3333-1-65.12) and Underperforming Students (OAC 3333-1-65.13).

- Information about Options A and B to include the following details:

Public Schools

- Option A: The student/family will be financially responsible for tuition and the cost of all textbooks, materials, and fees associated with the College Credit Plus course.
 - Under Option A, the student/ family must work directly with the college to arrange to make payment
 - Option A allows the student to choose to earn both college credit and high school credit OR only college credit
 - Option A must be elected at the time the student registers for college courses
 - Students must inform the college and the secondary school of electing Option A and whether student wants to earn both high school and college credits or only college credits
- Option B: The state of Ohio is financially responsible for the eligible course(s) in which the student chooses to enroll.
 - If Option B is selected, the funding for the course will be deducted from the secondary school and redirected to the college.
 - The student will receive high school and college credit.
- Combination of Options A & B: Student/family chooses to be responsible for all tuition, textbooks, materials, and fees for one or more courses. If this option is chosen, the student must inform the college which course(s) will be under Option A and which will be under option B.
- The final date to change the election of Option A or Option B is on or before the college’s no-fault withdrawal date

Nonpublic Schools

- For a participating nonpublic secondary school, counseling information shall also include an explanation that funding may be limited and that not all students who wish to participate may be able to do so.¹
- When students apply for state funding, they must submit the Funding Award letter to each higher education institution they attend.
- Nonpublic students that were not awarded all of the requested credits in their Funding Award (Option B) may take additional courses under Option A.

Ohio law requires students enrolled in public secondary schools seeking to participate in the College Credit Plus program and the student’s parent to sign a form, provided by the school, stating that they have received the counseling required and that they understand the responsibilities they must assume in the program in order for the student to participate in the program. By signing this document, the undersigned understand and agree that they have received the counseling required and understand the responsibilities they must assume in the College Credit Plus program.

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

¹ See highered.ohio.gov for funding application deadline, information, and links.



Department of Higher Education

College Credit Plus

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 1 st (For the upcoming Academic Year)
	<input type="checkbox"/> November 1 st (For the next semester or term only)
<p><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></p>	

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 _____



**Department of
Higher Education**

College Credit Plus

**Permission Slip
Mature Content**

This permission slip must be completed and signed by a student and parent/guardian in order for the student to enroll in college courses under the College Credit Plus program.

A student eligible to participate in College Credit Plus and admitted to a college/university will enroll in actual college courses, which *may* include "mature subject matter" as defined in Ohio Revised Code 3365.035.

PLEASE TYPE OR PRINT:

We _____ (*Student Name*) and _____ (*Parent Name*) hereby understand that by enrolling in College Credit Plus courses:

- The subject matter of a course enrolled in under the College Credit Plus program *may* include mature subject matter that will not be modified based upon College Credit Plus enrollee participation regardless of where course instruction occurs.
- Further, we acknowledge that state law requires the signed form be submitted in the student's application to the college/university. Follow the instructions of the college/university to submit this form with the application materials.

The signatures below indicate permission is granted to participate in College Credit Plus. It is the parent's/guardian's responsibility to be aware of and monitor the student's enrollment based on information provided by the college.

Student Information

Student Name:

Email Address:

Phone Number:

Name of High School (or homeschooled):

Student Signature:

Date:

Parent Information

Parent Name:

Email Address:

Phone Number:

Parent Signature:

Date:

**RETURN THIS COMPLETED FORM TO THE COLLEGE/UNIVERSITY TO WHICH THE STUDENT IS APPLYING.
FOLLOW THE COLLEGE'S INSTRUCTIONS TO SUBMIT THIS FORM.**



**Department of
Higher Education**

College Credit Plus

**Student Questionnaire
Mature Content**

Any student wishing to enroll in any college course under the College Credit Plus program must complete this questionnaire.

A student eligible to participate in College Credit Plus and admitted to a college/university will enroll in actual college courses, which *may* include "mature subject matter" as defined in Ohio Revised Code 3365.035.

Circle one choice in response to *each* question:

1. Do you possess the necessary social and emotional maturity to participate in the College Credit Plus program?

[YES] [NO]

2. Are you ready to accept the responsibility and independence that a college classroom demands?

[YES] [NO]

Student Information – PLEASE TYPE OR PRINT:

Student Name:

Name of High School (or homeschooled):

Student Signature¹:

Date:

¹ Although a signature by the student is not required by law, a college or university may wish to include it to ensure the student responds.

RETURN THIS COMPLETED FORM TO THE COLLEGE/UNIVERSITY IN WHICH THE STUDENT IS ENROLLING. FOLLOW THE COLLEGE'S INSTRUCTIONS TO SUBMIT THIS FORM.



College Credit Plus Program Signature Page



Instructions: Please complete both the College Credit Plus Signature Page and Permission Slip. The Signature Page requires the signature of the student, the student's parent or legal guardian and the student's high school counselor. The Permission Slip requires the signature of the student and the student's parent or legal guardian. Processing of the application will not be completed without all signatures.

To be signed by student: I have been apprised and understand all the options available to me under the College Credit Plus Program. I also understand that all grades earned as a result of taking coursework at The University of Akron will become a part of an education record that will be permanently maintained at this University. I also understand that my failure to complete courses may affect my high school graduation. I give permission for the exchange of education records between The University of Akron and my school district.

Printed Name _____ Date of Birth _____
Street Address _____ Last 4 Digits of SS# _____
City/State/Zip _____ Phone _____
X Signature _____ **Date** _____

This must be signed in order for application to be complete.

To be signed by parent (or legal guardian): I fully understand all the options and ramifications involved with participation in this program. Furthermore, I understand that should my son/daughter fail, withdraw or stop attending any course that I will be financially responsible for all tuition, fees and costs associated with my child's enrollment. I also give my permission for the exchange of education records between the University and my child's school district. I understand that the rights afforded to me respecting The University of Akron education records of my child shall hereafter only be accorded to my child (as required by the Buckley Amendment).

Printed Name _____
X Signature _____ **Date** _____

This must be signed in order for application to be complete.

To be signed and completed by the counselor: I have fully advised this student and his/her parents of all the available options and ramifications involved in the College Credit Plus Program.

Printed Name _____ E-mail _____
High School _____
X Signature _____ **Date** _____

This must be signed in order for application to be complete.

Please e-mail completed forms to: admissions@uakron.edu

Or mail to: The University of Akron
Office of Undergraduate Admissions
Akron, OH 44325-2001
330-972-7100 or 1-800-655-7100

