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	☐ **April 1st (For the upcoming Academic Year)** ☐ **November 1st (For the next semester or term only)** ***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.***

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 _____