



Intent to Participate in College Credit Plus
2020-2021 School Year

Student Name: _____ Grade (21/22 year) _____
Parent/Guardian Name _____
Home Address _____
Parent Phone Number _____ Parent Email _____
Student Phone Number _____ Student Email _____
School _____ Grade (21/22 year) _____

I plan to apply to the following institutions of Higher Education (check all that apply):

- _____ Ohio University Zanesville _____ Zane State College
_____ Hocking College _____ Rhodes State

I plan to complete my coursework:

- _____ Taking college classes that are offered at my high school
_____ Taking classes on the college campus only
_____ Taking classes both at my high school and on the college campus
_____ Taking online college classes

I plan to enroll in College Credit Plus courses (check all that apply):

- _____ Summer _____ Fall _____ Spring

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 a college or choose not to participate in the program.

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.

In addition, I understand that I must submit an application to each of the institutions for which I want to apply and that I must meet the admission requirements of the institution(s) to be accepted into the program. I also understand my responsibilities, the benefits and possible risks of participating in the College Credit Plus program.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

This form must be returned to the School Counseling Office by April 1.