**College Credit Plus** 

Mike DeWine, Governor Jon Husted, Lt. Governor Randy Gardner, Chancellor

## **Intent to Participate in College Credit Plus**

Academic Year 2024 – 2025: Public Schools

Date*		
School Name		
Student Name		
Student Grade in		
2024 – 2025 Parent/Guardian Name		
Home Address		
Parent Phone Number		
Parent Email Address		
Student Phone Number		
Student Email Address		
*After April 1, you will need p	ermission from the school principal to participate.	
	Declaration of Intent	
_	tent to participate in the College Credit Plus program. I understand that equire that I participate during the upcoming school year, and I may decid onsequence.	le
nstitution of higher educati n addition, I certify that I ha he rules and regulations fo	ny responsibility to notify my school if I do not gain admission to my selecter ion or choose not to participate in the program. He received counseling about the College Credit Plus program concerning reports both my school and the college, and that I understand my responsibilities sks of participating in the College Credit Plus program.	5
Please sign and return this f	orm to the secondary school by April 1.	
Parent Signature		
Student Signature		