College Credit Plus

Tri-Village Local School District

**Letter of Intent to Participate**

**2016-2017**

(Due on or before April 1, 2016)

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Grade Level during 2015-2016:\_\_\_\_\_\_\_\_\_\_

I intend to participate in the CCP Program during 2016-2017\_\_\_\_

I have read the rules of the College Credit Plus Program, including but not limited to potential repayment under the Ohio Revised Code (ORC). I accept and agree to abide by them. I understand that my student’s participation in CCP is completely dependent upon acceptance as a student at a participating institution of higher education (IHE). I also understand that it is the responsibility of the students/parents to apply for acceptance into the participating institution of higher education and to abide by all of that institution’s deadlines and requirements regarding the CCP Program.

Parent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Counselor/Administrator\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_