

# College Credit Plus

## Tri-Village Local School District

### Letter of Intent to Participate

2022-2023

(Due on or before April 1, 2023)

**ALL DEADLINES ARE FINAL**

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

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

Student Grade Level during 2023-2024: \_\_\_\_\_

I intend to participate in the CCP Program during 2023-2024 \_\_\_\_\_

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.

**3365.09 Reimbursement where student fails course.**

(A) Except as provided for in division (C) of this section, if the superintendent, or equivalent, of a public secondary school in which a participant is enrolled determines that the participant has not attained a passing final grade in a college course in which the participant enrolled under this chapter, the superintendent, or equivalent, may seek reimbursement from the participant or the participant's parent for the amount of state funds paid to the college on behalf of the participant for that college course. The governing entity of a public school, in accordance with division (C) of section 3313.642 of the Revised Code, may withhold grades and credits received by the participant for high school courses taken by the participant until the participant or the participant's parent provides reimbursement.

**\*By signing below, you acknowledge the understanding of a failed or dropped course after the deadline and the fees that may be associated with it. You are also stating that you have watched the CCP videos and approve of your child being a participant in this program.**

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

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

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

