



Letter of Intent to Participate in College Credit Plus
For the 2019-2020 School Year

PLEASE PRINT

Date: _____

AFTER APRIL 1, YOU WILL NEED PERMISSION FROM THE SCHOOL DISTRICT SUPERINTENDENT TO PARTICIPATE.

Student Name: _____

Parent/Guardian Name: _____

Home Address: _____

PLEASE INDICATE PREFERRED METHOD OF CONTACT:

Parent Phone Number: (Day) _____ (Evening) _____

Parent Email Address: _____

Student Contact Info (email/phone) _____

School _____ Grade _____

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 my selected institution of higher education or choose not to participate for some other reason.

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. I understand that my student/family is responsible for full reimbursement to Springfield-Clark CTC for any costs associated with a course(s) that is not completed or in which a failing grade is received.

Student Signature: _____

Parent/Guardian Signature: _____

For additional questions or concerns, a school counselor can be reached at 937-325-7368 x187 or the director of student services at x239.

Authorization to Release and /or Receive Information

Student Name _____

I hereby authorize Springfield-Clark CTC to release to and/or receive information from post-secondary institutions including, but not limited to state student identification number (SSID), schedule, test scores, grades and/or other information concerning the education of the above named student in regards to the application and/or participation in the College Credit Plus program. I understand the information may be released orally, electronically or in written format, as preferred by the requester. I understand I may revoke this consent upon providing written notice to the Director of the Springfield-Clark CTC. I further understand that until this revocation is made, this consent shall remain in effect and educational records will continue to be provided for the specific purpose described above.

Student Signature: _____ **Date** _____

Parent/Guardian Signature: _____ **Date** _____

Acknowledgement of CCP Rules & Responsibilities

- Students cannot exceed 30 credit hours in one school year (summer to spring term). $30 - (\text{high school credits} \times 3) = \text{maximum number of CCP credit hours}$. Example: $30 - (4 \text{ classes at high school} \times 3) = 18$ credit hours to use for CCP. If you go over you are responsible to pay full college rates and for the cost of books. All grades earned through CCP will be included in the student's high school grade point average, transcript, and class rank.
- CCP textbooks need to be obtained through Mrs. Rice in the Attendance Office. Students can either email her, karenrice@scctc.org or stop by her desk in the attendance office. Students who purchase books on their own, may be responsible for the cost. Please have the complete course name, section number, and the name of the professor teaching the class so the correct books can be obtained. All books are the property of SCCTC and must be returned to Mrs. Rice in reusable condition when the course is completed. If the textbooks are not returned, the cost of the book will be added to the student's school fees
- Students should meet with their high school counselor first to discuss scheduling options. Be aware of scheduling conflicts. Allow plenty of time for travel and parking between your high school and college courses. After the academic term begins, CCP students may not change their schedule at CTC to accommodate their college schedule. It is the student's responsibility to notify their school counselor immediately of any withdraws/enrollments of college courses, failure to do so could result in not meeting graduation requirements.

Parent/Guardian Signature _____ **Date** _____

Student Signature _____ **Date** _____