

Letter of Intent to Participate in College Credit Plus

Date: _____
AFTER APRIL 1st YOU WILL NEED PERMISSION FROM THE SUPERINTENDENT

STUDENT NAME _____

PARENT/GUARDIAN NAME _____

HOME ADDRESS _____

STUDENT PHONE NUMBER _____

STUDENT EMAIL _____

PARENT PHONE NUMBER _____ **PARENT EMAIL** _____

COLLEGE (S): ___ **EDISON STATE** ___ **SINCLAIR COMMUNITY** ___ ()

GRADE -(NEXT SCHOOL YEAR) _____

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 any consequences.

I also understand 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.

I have received counseling about College Credit plus from my school and the college and understand the benefits and risks.

Student Signature _____

Date _____

Parent Signature _____

Date _____

RETURN TO THE GUIDANCE OFFICE ON OR BEFORE APRIL 1ST

COLLEGE CREDIT PLUS PROGRAM CONTRACT **EATON HIGH SCHOOL**

As a participant in the College Credit Plus Program, I understand that:

- I am a college student. The college will hold me to the same rules, regulations, and policies as any other college student, whether I am taking classes at Eaton High School or the college campus. When I have problems or concerns with my college coursework or college policies, I will need to address these with my professors and the university.
- Successful completion of this college course means I have also earned college credit. This college course will be part of my permanent college transcript and the grade earned will be calculated in my college grade point average.
- The class is not free. The Eaton Community School District is paying for my tuition, registration and textbooks for classes taken from a university in the state of Ohio. If the university is not in the state of Ohio; the student is responsible for the cost of the course.
- **I UNDERSTAND IF I DROP A COURSE AFTER THE DROP DATE OR EARN A GRADE OF "F", I WILL BE RESPONSIBLE FOR REIMBURSING EATON COMMUNITY SCHOOLS FOR TUITION AND FEES.**
- If a textbook has been purchased by the district for my coursework, I am responsible for returning the book in the same condition that I received it to my high school counselor at the end of the term. If my textbook is not returned, lost, or stolen, I am responsible for paying for it, and the cost will be added to my school fees.

My signature indicates that I have read these guidelines and intend to follow them.

Student Signature _____ **Date** _____

My signature indicates that I understand and support the guidelines of the College Credit Plus Program

Parent/Guardian Signature _____ **Date** _____

RETURN TO THE GUIDANCE OFFICE ON OR BEFORE MAY 1st