

# Intent to Participate in College Credit Plus

## 2019-2020 School Year

Student Name: \_\_\_\_\_ (please print)

Student ID: \_\_\_\_\_ (lunch code)

Circle Grade for Next Year: 7 8 9 10 11 12

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I intend on participating in College Credit Plus for the 2019-2020 school year. By signing this form, I realize I still must meet the college/university admission requirements and timelines to be accepted into the program. I also understand that I am not committed to this program and may decline my participation prior to the end of this school year.

**By signing this form, I declare my intent to participate in CC+.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_-\_\_\_\_-\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_-\_\_\_\_-\_\_\_\_

**THIS FORM IS DUE TO YOUR SCHOOL COUNSELOR NO LATER THAN 3:00PM ON APRIL 1<sup>ST</sup>, 2019. THERE WILL BE NO EXCEPTIONS. IF IT IS NOT TURNED IN, YOU WILL NOT BE ABLE TO EARN ANY COLLEGE CREDITS NEXT SCHOOL YEAR.**

**For Office Use:**

Date Received: \_\_\_\_-\_\_\_\_-\_\_\_\_

Counselor: \_\_\_\_\_