

GALLIPOLIS CITY SCHOOL DISTRICT

Letter of Intent to Participate in
College Credit Plus

Student Name: _____ Current Grade: _____

Student ID#: _____

Parent/Guardian Name: _____

Home Address: _____

Parent Phone Number: _____

Parent Email: _____

I would like to declare my intent to participate in the College Credit Plus program. I understand that it is my responsibility to apply for admission to the institute of higher education for participation. I also understand that it is my responsibility to notify my school if I do not gain admission to my selected institution or choose not to participate for some other reason.

I understand that, pursuant to Ohio Revised Code 3365.09(A), a district may seek reimbursement from a student or parent if the student fails to attain a passing final grade. A school district or nonpublic school may seek reimbursement under the following two circumstances: 1) if the student receives a failing grade at the end of the college course; or 2) if the student withdraws from or drops the college course subsequent to the 14th calendar day after the particular course began.

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.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

After April 1, you need permission from the Superintendent to participate in College Credit Plus

[Adoption date: August 6, 1991]

Revised: February 18, 1998
February 17, 2016