



Coshocton City Schools

Letter of Intent to Participate in College Credit Plus

Date_____

(AFTER APRIL 1, YOU WILL NEED PERMISSION FROM THE HIGH SCHOOL PRINCIPAL TO PARTICIPATE.)

Student Name_____

Home Address_____

Parent/Guardian Name_____

Parent Phone number_____

Parent Email Address_____

Student Contact Info_____

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.

These responsibilities include but are not limited to:

- ***Students who fail a class or drop a class on or after the 15th day of the course beginning are responsible for tuition reimbursement to Coshocton City Schools.***
- Students must always provide Coshocton High School with a current copy of their college course schedule.
- Students must follow the 30-hour formula discussed by the College and Career Advisor and/or their School Counselor.
- Depending on the institution of higher education, students must work with the institution and Coshocton High School to follow proper procedures for receiving and returning textbooks and supporting materials.
- I understand that it is recommended to take more than the minimum credit hours for eligibility (+5 credits).

Student Signature_____

Parent/Guardian Signature_____

For Office Use Only

- ☐ Student qualifies as economically disadvantaged
- ☐ Student does not qualify as economically disadvantaged

Office staff Initials_____ Date_____