

## INTENT TO PARTICIPATE IN COLLEGE CREDIT PLUS

ACADEMIC YEAR 2022-2023: PUBLIC SCHOOLS

| Date After April 1, you will need permission from the school principal to participate.      |   |
|---|---|
| School Name   |   |
| Student Name  |   |
| Student Grade Level 2022-2023   |   |
| Parent/Guardian Name  |   |
| Home Address  |   |
| Parent Phone Number   |   |
| Parent Email Address  |   |
| Student Phone Number  |   |
| Student Email Address   |   |
|   |   |
|   | DECLARATION OF INTENT   |
|   |   |
|   | pate in the College Credit Plus program. I understand that signing this form does not ing school year, and I may decide not to participate without consequence.                   |
| I also understand that it is my responsibilit education or choose not to participate in the | y to notify my school if I do not gain admission to my selected institution of higher the program.  |
|   | ounseling about the College Credit Plus program concerning the rules and regulations at I understand my responsibilities, the benefits and possible risks of participating in the |
| Please sign and return this form to the second  | ondary school by April 1.   |
| Parent Signature  |   |
| 1 arent digitature  |   |
| Student Signature   |   |
| Date  |   |
| CollegeCredit   |   |



Please sign below indicating your knowledge of these important risks and conditions of the West Liberty-Salem High School College Credit Plus Program:

- (1) I understand the consequences of failing or not completing a college course that I register for. A final grade of F or W/D (late term withdrawal) will be reflected on my high school transcript. I will also be responsible for reimbursement for full tuition, books and any additional fees of the failed or dropped class back to WL-S Schools.
- (2) I understand that the textbooks are the property of WL-S Schools. At the completion of the semester I will return all books back to WL-S. Failure to do so will result in a full cost reimbursement back to WL-S Schools.
- (3) I understand that I must complete my scheduled high school courses regardless of my collegiate schedule.
- (4) I understand that WL-S High School cannot work around the college schedule at all times.
- (5) I understand that I am starting my college transcript by taking part in the College Credit Plus Program and that the grades I earn will follow me to any post-secondary institution.
- (6) I understand that not all classes and accompanying credit may transfer to the postsecondary institution I choose to attend in the future. It is my responsibility to consult with the college to identify how my credits will transfer.
- (7) I understand that I must still complete the state of Ohio End-of-Course exams as required for graduation in core subjects of English and Math regardless of meeting core class requirements by collegiate courses. My course grades in collegiate classes that fulfill my Government, History and Biology core requirements will be used to calculate points for End-Of-Course exams.
- (8) I understand that I must fulfill all high school graduation requirements and that my collegiate classes may not meet these requirements. It is my responsibility to consult with my high school counselor regarding what requirements my collegiate courses fulfill.

| Parent Signature:  | Date: |
|--------------------|-------|
| Student Signature: | Date: |