

## INTENT TO PARTICIPATE IN COLLEGE CREDIT PLUS

**ACADEMIC YEAR 2025-2026: PUBLIC SCHOOLS** 

<b>Date</b> After April 1, you will need permission	
from the school principal to participate.	
School Name	
Student Name	
Student Grade Level	
Parent/Guardian Name	
Home Address	
Parent Phone Number	
Parent Email Address	
Student Phone Number	
Student Email Address	
DECLARATION OF INTENT	
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 upcoming 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 in the program.	
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 including, but not limited to, payment for failed courses.	
Finally, by signing below I grant release of my transcripts and test scores to the following universities:	
University #I	University #2 , and
Please sign and return this form to the secondary school by <b>April 1.</b> Parent Signature	
Student Signature	
Date	

