



**INTENT TO PARTICIPATE
2017-2018 SCHOOL YEAR**

Having been informed by local school officials about the College Credit Plus guidelines, I choose to pursue the College Credit Plus Program for the 2017-2018 school year.

Student Name: _____ Current Grade: _____

Student Cell Phone #: _____

Parent Name: _____ Parent Cell Phone #: _____

DECLARATION OF INTENT TO PARTICIPATE IN COLLEGE CREDIT PLUS MUST BE SUBMITTED BY APRIL 1.
IF YOU DO NOT MEET THIS DEADLINE, YOU WILL NOT BE ABLE TO PARTICIPATE.

Section 1:

I plan to complete my course work: (you may check more than one)

- Taking college classes that are offered at Morgan High School
- Taking college classes at a college
Please complete section 2 if choosing this option
- Taking online courses
Please complete section 2 if choosing this option

Section 2:

College(s) for which I plan to apply: (you are responsible for obtaining the application from these colleges if you plan to go "off campus")

Section 3:

I understand that I must submit an application to each of the institutions for which I want to apply and that I must meet the admission requirements of the institution(s) to be accepted into the program. I understand that if I **fail** a course, or withdraw after the drop date, I may be required to pay for the cost of the class. Courses completed with a passing grade may not be repeated. I certify that I have received counseling and understand the benefits and consequences of participating in the College Credit Plus program.

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

This form must be returned to the School Counseling Office by April 1, 2017.

<i>For office use only:</i>	Received in Counseling Office (date) _____
	By _____