

Letter of Intent to Participate in College Credit Plus
(Must be returned to Student Services no later than April 1)

Student Name: _____

Student Grade for 2025-2026 School Year: _____

Parent/Guardian Name: _____

I would like to declare my intent to participate in the College Credit Plus (CCP) 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.

Mature Content Disclaimer: Please note that college level courses have the potential for mature subject matter. Please ensure you possess the necessary social and emotional maturity to take college level courses that may contain mature/adult subject matter.

I understand it is my responsibility to apply (typically online) **by May 1** to the College Credit Plus Institution(s). This may include multiple colleges for the same school year if I am taking CCP courses at the high school where NHS partners with multiple colleges for different classes. Failure to meet the deadlines set forth by Northwestern High School and the Institution will result in denial of participation in the CCP program.

I understand the rules of the College Credit Plus program, as well as both the risks and benefits of participating. If I fail a course, I will be financially responsible for that course and will be billed by Northwestern High School. For students taking classes at a local campus, the amount billed could be as much as \$170 per credit hour (For example, the average 3-credit hour college class could be around \$510). I understand CCP courses establish a college GPA and will also be put on my high school transcript and count toward my high school GPA/Class Rank.

I will work with the Student Services office to make sure I am taking correct courses to meet high school graduation requirements.

CHECK ONE:

_____ I intend to stay all day at NHS and take CCP courses at the high school only

List potential CCP courses at NHS: _____

_____ I intend to take CCP classes full-time on a college campus (NO classes at NHS)

List the college to which you will be applying: _____

_____ I intend to take both classes at NHS and at a college campus

List the college to which you will be applying: _____

Classes I'm hoping to take at NHS: _____

Student Signature: _____

Parent Signature: _____

This permission slip must be completed and signed by the student and his or her parent or guardian in order for the student to enroll in college courses under the College Credit Plus program.

A student eligible to participate in College Credit Plus and admitted to a college or university will enroll in actual college courses, which *may* include "mature subject matter" as defined in Ohio Revised Code 3365.035.

PLEASE TYPE OR PRINT:

We _____ (Student Name) and _____ (Parent Name) hereby understand that by enrolling in College Credit Plus courses:

- Content *may* include mature subject matter that will not be modified based upon College Credit Plus enrollee participation regardless of where course instruction occurs; and
- State law requires this signed form be submitted in the student's application to the college or university following that college or university's instructions for submission of application materials.

The signatures below indicate permission is granted to participate in College Credit Plus. It is the parent's or guardian's responsibility to be aware of and monitor the student's enrollment based on information provided by the college.

Student Information – PLEASE TYPE OR PRINT:

Student Name: _____

Email Address: _____

Phone Number: _____

Name of High School (or homeschooled): _____

Parent Information – PLEASE TYPE OR PRINT:

Parent Name: _____

Email Address: _____

Phone Number: _____

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

**RETURN THIS COMPLETED FORM TO THE COLLEGE OR UNIVERSITY TO WHICH THE STUDENT IS APPLYING.
FOLLOW THE COLLEGE OR UNIVERSITY'S INSTRUCTIONS TO SUBMIT THIS FORM.**



University of Findlay

CollegeCredit
PLUS

Student Course Selection/Questionnaire

Student Name: _____ Phone Number: _____

E-Mail: _____

High School: _____ Grade Level: _____ Number of Credits Available: _____

School Counselor Signature: _____ Date: _____

I am taking UF classes at (please circle): High School ☐ UF Campus ☐ Online ☐ Semester & Year _____

Course Number	Course Name	Days	Time

*Please note: This does not guarantee course registration for students taking classes at UF or online. Online and on UF's campus students will still need to communicate with their advisor prior to enrolling.

Please initial next to each statement showing you understand and accept:

_____ I understand that I am required to follow and adhere to the policies set forth by the University of Findlay. This document can be found in the University of Findlay Undergraduate Catalog at:
<http://catalog.findlay.edu/en/current/Undergraduate-Catalog/Copy-of-University-Policies>.

_____ I understand that the subject matter of a course enrolled in under the College Credit Plus program may include mature subject matter or materials, including those of a graphic, explicit, violent, or sexual nature, that will not be modified based upon College Credit Plus enrollee participation regardless of where course instruction occurs.

_____ I understand that the Family Education Rights and Privacy Act of 1974 (FERPA) protects all the privacy of student education records for all college students regardless of their age. I may allow access to share educational records by completing the FERPA release through my Workday account.

_____ I understand that if I fail a course or withdraw after the drop deadline, the school district may bill the family for the cost of attendance. If I withdraw after the drop deadline, a "W" will be listed on the college transcript for the course and will not affect the college GPA.

Circle one choice in response to each question:

Do you possess the necessary social and emotional maturity to participate in the College Credit Plus program?

YES ☐ NO ☐

Are you ready to accept the responsibility and independence that a college classroom demands?

YES ☐ NO ☐

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

Please return to 1000 N. Main Street Findlay, OH 45840 or hillman@findlay.edu