

DUE BY APRIL 1st

Gahanna-Jefferson Public Schools

COLLEGE CREDIT PLUS PROGRAM

INTENT TO PARTICIPATE for School Year 2020-2021

Student Name _____

Student ID # _____ Current Grade _____ School Counselor _____

The undersigned student plans to participate in the College Credit Plus program pending acceptance by the college/university and successful placement into the course(s) based on college placement assessments, ACT/SAT or other scores designated by the college:

I wish to take college courses during the following terms (contingent upon credit allowance and high school schedule)

Date/deadlines of each academic term are determined by the college/university. Check all that apply

_____ Summer term

_____ Fall term

_____ Spring term

Check all that apply

- I wish to take courses offered at the high school. (select all that apply. See course offerings in the Program of Studies)
- | | |
|---|--|
| _____ ENGL 1100 Composition I | _____ POLS 1100 Introduction to Government |
| _____ ENGL 2367 Composition II | _____ POLS 1250 State & Local Government |
| _____ CHEM 1111 Elementary Chemistry | _____ FMGT 1101 Personal Finance |
| _____ SCM 1100 Supply Chain Management Principles | |

- I wish to take courses on the college campus. (see course catalog of the college/university for detailed requirements)

College/University Name _____

- I wish to take courses online through the college/university. (see course catalog of the college/university for detailed requirements)

College/University Name _____

VERIFICATION OF COUNSELING FORM

Counseling services for the College Credit Plus Program have been rendered by the Gahanna-Jefferson School District in the following areas:

1. Benefits and consequences of participation
2. Program eligibility as determined by the college/university of interest
3. Credit allotment for the academic year
4. Financial information
5. Transportation
6. Support services available
7. Graduation requirements
8. Academic and social responsibilities of students and parents/guardians
9. Consequences for failing or withdrawing from a course
10. Student scheduling

By signing below, you are confirming that appropriate counseling services have been received **prior** to student enrollment in the College Credit Plus Program.

AND

The social and academic responsibilities, which must be assumed by participants in the program are understood by both student and parents/guardians.

Print Student Name

Student signature

Date

Print Parent/Guardian Name

Parent/Guardian signature

Date

Turn completed form into your school counselor by April 1*

**After April 1, you will need permission from the High School Principal to participate*



For office use only

Date received: _____

Received by: _____