



Letter of Intent to Participate in College Credit Plus

-Return this form to Auburn Career Center

PLEASE PRINT

Date _____ Program _____

School _____ Grade _____

Student Name _____ Parent/Guardian Name _____

PLEASE INDICATE PREFERRED METHOD OF CONTACT:

Parent Phone Number (Day) _____ (Evening) _____

Parent Email Address _____

Student Contact Info _____

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 coming 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 for some other reason.

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.

Students must attend a mandatory New Student Orientation and Registration for students and parents/guardians. I understand that attending this event is required to participate in any CCP courses.

Student Signature _____

Parent Signature _____