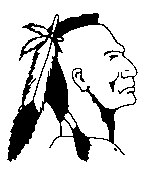
****

**Letter of Intent to participate in College Credit Plus**

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_

Student Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle Current Grade: 6 7 8 9 10 11

ACT/SAT Test: ☐ Yes Score: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GPA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ No

Choice of College/University: Please check all that apply

* **Kent State-Trumbull Branch**
  + Full-time
  + On-line
  + Blended Schedule \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(List BHS Courses)

* + BHS Classes (Fee Information Sheet-TBD)
    - Statistics = 4 Fall Semester Hours
* **Youngstown State University** 
  + Full-time
  + On-line
  + Blended Schedule\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(List BHS Courses)

* + BHS Classes (Fee Information Sheet-TBD)
    - College Writing I= 3 Fall Semester
    - American Literature & Diversity= 3 Spring Semester Hours
    - Biology I Molecules and Cells =4 Fall Semester Hours
    - Biology II Molecules and Cells =4 Spring Semester Hours

***I would like to declare my intent to paritcipate 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 particpate without consequences.***

***I also understand that it is my responsibility to notify my school if I do not gain admission to the my selected institution of higher education or choose not to paricipate 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 my school and the college, and that I understand my responsibilities, the benefits and possible risks of participating in the College Credit Plus program .***

Student Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AFTER April 1, YOU WILL NEED PERMISSION FROM THE SCHOOL DISTRICT SUPERINTENDENT TO PARTICIPATE**