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

**2019-2020**

 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

 ☐ 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)
		- TBD-Class will be selected based on test placement scores
* **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**