



How many credits can you take per year?

CCP Credit Count

Last Name: _____

First Name: _____

30 Maximum Credits

HS Credits

Total CCP Credits

Summer CCP Credits

Fall CCP Credits

Spring CCP Credits

# of credits to be taken at Middle/High School	Total CCP Eligible Semester Hours per Academic Years	# of credits to be taken at Middle/High School	Total CCP Eligible Semester Hours per Academic Years	# of credits to be taken at Middle/High School	Total CCP Eligible Semester Hours per Academic Years
0	30	3.0	21.0	6.0	12.0
0.5	28.5	3.5	19.5	6.5	10.5
1.0	27.0	4.0	18.0	7.0	9.0
1.5	25.5	4.5	16.5	7.5	7.5
2.0	24.0	5.0	15.0	8.0	6.0
2.5	22.5	5.5	13.5		



TIFFIN COLUMBLIAN HIGH SCHOOL

300 S. Monroe St.

Tiffin, OH 44883

419-447-6331

College Credit Plus
Substituting College Course for High School
Graduation Requirement

Student Name _____

Date (Due with CCP schedule) _____

Name of College Course _____

Number of semester hours _____

To Substitute:

Name of High School Course _____

Number of High School Credits _____

***Please attach a copy of college course description with this form:

Student Signature: _____

Parent/Guardian Signature: _____

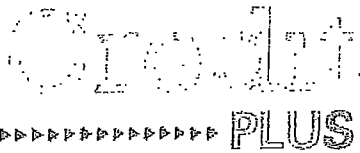
Turn in completed form with student and parent/guardian signatures and required documentation to your high school counselor for review.

- Please be advised that if the high school course you are substituting has an End of Course Exam, you may be required to still take the required state assessment. Additionally, failing this college course will put you at risk of not graduating with your class due to a graduation requirement not being met. High school counselors will not be able to monitor student progress throughout the semester in college courses.

Office use only-

Principal Acknowledgment: _____





Letter of Intent to Participate in College Credit Plus

AFTER APRIL 1, YOU WILL NEED PERMISSION FROM THE HIGH SCHOOL
PRINCIPAL TO PARTICIPATE.

Please Print
Student _____

Parent/Guardian Name _____

Home Address _____

PLEASE INDICATE PREFERRED METHOD OF CONTACT:

____ Parent Phone Number (Day) _____ (Evening) _____

____ Parent Email Address _____

Student Email _____

School _____ Grade _____

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.

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 CCP 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 CCP program.

Transcripts and/or other school records may need to be submitted to the college. Signing this form gives the TCS counselor permission to send this information to the college you plan to attend.

It is the responsibility of the student to complete and mail supplemental materials included with his/her application (essays, resumes, application fees, paper applications, etc.)

It is also the responsibility of the student to ensure the transcript was received, processed and filed with the receiving institution.

If you wish to exercise "Score Choice" and report only certain test score dates, you must check the space below. Additionally, you must make all arrangements with College Board or ACT to have your scores sent directly if necessary.

____ Please remove all ACT and/or SAT scores from my Columbian High School transcript

Please send my transcript to the following universities: _____

Student Signature _____ Date _____

Parent Signature _____ Date _____

TIFFIN CITY SCHOOLS
College Credit Plus
Counseling Requirement/On Campus Study Form

This is to certify that I have received information and counseling related to the College Credit Plus (CCP) Program, either by attending the CCP Information Night, or by viewing the online informational PowerPoints. I have been informed of the possible benefits and risks/consequences of participating in the CCP Program and have received counseling which included:

- Program eligibility/options
- Financial arrangements for tuition, books, fees, materials
- Process for granting academic credit
- Calculation of total credit hours in an academic year (max. 30)
- Scheduling/ criteria for transportation
- Grade point average and athletic eligibility
- Failure/ withdrawal consequences
- Responsibilities of student and parent/guardian

I understand that this is a student driven program. The financial obligation for this program may default to the student and parents/guardians if a participating student fails a course, exceeds the 30 hour limit, fails to complete a course for which they are enrolled, or withdraws from a class passed the deadline date.

Students are responsible for understanding their college's book purchasing and return policy. Some books may be the property of the university, while some books may be the property of Tiffin City Schools. Cost of books may be added to school fees if books are not returned to correct location at the end of each semester.

I understand that the school counselor will be helpful in informing the student and parents/guardians of this program, however, it will be the responsibility of the student and parents/guardians to take the steps needed for the student to be enrolled at the post-secondary institution where such a program is available, and to notify the counselor of college course enrollment, and schedule changes.

Permission to Participate in On Campus Study

I give permission for my child to participate in "On Campus Study" at the institute of higher education. By granting permission, they will be permitted to participate in "On Campus Study" on the days they are not in the college course. "On Campus Study" is permitted only during class periods for which a college course is scheduled. Please check your child's schedule to see what periods they are attending TMS/Columbian and what periods they are excused for CCP purposes.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

(Office use only) Date turned into Office: _____ Date mailed out of Office: _____