

CollegeCredit

Counseling Session for 2023-2024 School Year

This document provides confirmation of counseling for the College Credit Plus program.

Date			
Student	t's Name		
Parent'	s or Guardian's Name		
• Each	n public and participating nor College Credit Plus program: Provide counseling service before the students partice	efore the student participates in the College Credit Plus program. public secondary school shall do all of the following with respect to the students in grades six through eleven and to their parents in the program to ensure that students and parents are fully sequences and benefits of participation.	
	nseling information shall incl Program eligibility;	•	
	The process for granting acad	emic credits;	
	☐ Any necessary financial arrangements for tuition, textbooks, and fees;		
	Criteria for any transportation	ı aid;	
	Available support services;		
	Scheduling;		
	Communicating the possible following:	consequences and benefits of participation, including all of the	

student's grade point average, as applicable;

The consequences of failing or not completing a course under the program, including the effect on the student's ability to complete the secondary school's graduation requirements;

The effect of the grade attained in a course under the program being included in the

including the ability to reduce the overall costs of, and the amount of time required for, a college education.				
e academic and social responsibilities of students and parents under the program;				
Information about and encouragement to use the counseling services of the college in which the student intends to enroll;				
The standard packet of information for the program developed by the Chancellor of the Ohio Department of Higher Education. (See the www.ohiohighered.org/ccp/resources page for the Information Session PowerPoint presentation.)				
Information about the potential for mature subject matter, as defined in section 3365.035 of the Revised Code, in courses in which the student intends to enroll through the program and notification that courses will not be modified based upon program enrollee participation regardless of where course instruction occurs. The information shall include the permission slip described in division (B) of section 3365.035 of the Revised Code (attached).				
Secondary schools must also provide information of the administrative rules of Course Eligibility (OAC 3333-1-65.12) and Underperforming Students (OAC 3333-1-65.13).				
Information about Options A and B to include the following details:				
Private Schools				
Option A: The student/family will be financially responsible for tuition and the cost of all textbooks, materials, and fees associated with the College Credit Plus course. o If a student was not awarded enough credit hours for the entire college course, the family must part for the entire course without state funds o Under Option A, the student/ family must work directly with the college to arrange to make payment o Option A allows the student to choose to earn both college credit and high school credit OR only college credit o Option A must be elected at the time the student registers for college courses o Students must inform the college and the secondary school of electing Option A and whether student wants to earn both high school and college credits or only college credits				
Option B: The state of Ohio is financially responsible for the eligible course(s) in which the student chooses to enroll. O When a student uses the state funds for college courses, this is Option B Option B is the default option of College Credit Plus Students will earn both college credit and high school credit Private school students must provide a copy of their funding award letter to the college If the student attends more than one college, the student must ensure that he/she is not exceeding the funding award amount The final date to change the election of Option A or Option B is on or before the college's no-fault				

The benefits to the student for successfully completing a course under the program,

withdrawal date

The student and the student's parent shall sign a form, provided by the school, stating that they have received the counseling required either by attending the meeting, or watching the recorded video in its entirety, and that they understand the responsibilities they must assume in the program.

Student: I	com	pleted this counseling session by (check the box that applies	to you):		
		Attending the Information Session held on 02/02/2023			
		Watching the recording of the Information Session on		(Date)	
Parent: I completed this counseling session by (check the box that applies to you):					
		Attending the Information Session held on 02/02/2023			
		Watching the recording of the Information Session on		(Date)	
Signatures:	:				
Student			Date		
Parent/Guardian			Date		





PLEASE TYPE OR PRINT:

This permission slip must be completed and signed by the student and his or her parent or guardian in order for the student to enroll in college courses under the College Credit Plus program.

A student eligible to participate in College Credit Plus and admitted to a college or university will enroll in actual college courses, which *may* include "mature subject matter" as defined in Ohio Revised Code 3365.035.

Weenrolling in College Ci		(Parent Name) hereby understand that by					
-	ide mature subject matter that will not be mod rdless of where course instruction occurs; and	•					
•	State law requires this signed form be submitted in the student's application to the college or university following tha college or university's instructions for submission of application materials.						
	indicate permission is granted to participate in vare of and monitor the student's enrollment ba	n College Credit Plus. It is the parent's or guardian's ased on information provided by the college.					
Student Information -	PLEASE TYPE OR PRINT:						
Student Name:							
Email Address:							
Phone Number: _							
Name of High Sch	nool (or homeschooled):						
Parent Information – F	PLEASE TYPE OR PRINT:						
Parent Name:		_					
Email Address:							
Phone Number: _							
Student Signature:		Date:					
Parent Signature:		Date:					

RETURN THIS COMPLETED FORM TO THE COLLEGE OR UNIVERSITY TO WHICH THE STUDENT IS APPLYING. FOLLOW THE COLLEGE OR UNIVERSITY'S INSTRUCTIONS TO SUBMIT THIS FORM.