



# College Credit Plus Authorization Worksheet

For students applying to the CCP program for the first time, this form should be submitted after the student completes the **ONLINE CCP Application** ([www.cincinnati-state.edu/ccp](http://www.cincinnati-state.edu/ccp) & click "Apply Now"). For returning CCP students, this form is used to renew authorization for participation in the new academic year and should be submitted prior to registration. This form must be completed in its entirety and submitted to the Admissions office to complete the student's College Credit Plus application process via email: [adm@cincinnati-state.edu](mailto:adm@cincinnati-state.edu) or fax: 513-569-1562

## 1) Student Information:

<b>Student's Last Name (Print)</b>	<b>First</b>	<b>Mi.</b>	<b>Date of Birth</b>								
<b>Phone Number</b>		<b>Email Address</b>									
<small>I understand students are responsible to attend an Orientation &amp; Advising session or review the Orientation &amp; Advising materials available online prior to registering for classes.</small>											
<b>X</b>											
<b>Student Signature</b>	<b>Print Name</b>	<b>Date</b>									
<b>Cincinnati State Student ID Number (If known)</b>	<table border="1" style="display:inline-table; border-collapse: collapse;"> <tr> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> </tr> </table>										
<input type="checkbox"/> I am a returning CCP student											

## 2) Parent/Guardian Information:

<b>Parent/Guardian's Last Name (Print)</b>	<b>First</b>	<b>Relationship to Student</b>
<b>Phone Number</b>		<b>Email Address</b>
<small>I understand all of the options and ramifications involved in the participation of the CCP program. I also understand that if my son or daughter withdraws, stops attending and/or fails any course, or exceeds the maximum credit hours funded or approved by the state, I <u>may be held financially responsible for the cost of all tuition, fees, books, and materials, per the policy of the high school district or State of Ohio.</u></small>		
<b>X</b>		
<b>Parent/Guardian Signature</b>		<b>Date</b>

## 3) School Information To be completed by the school principal, counselor, or other school official

<b>School Name</b>	<b>Anticipated Graduation Date (MM/YY)</b>								
<b>Student State ID Number (SSID)</b> <small>REQUIRED</small>	<b>Student's class status as of the next academic year:</b>								
<table border="1" style="display:inline-table; border-collapse: collapse;"> <tr> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> </tr> </table>									<input type="radio"/> 7 <sup>TH</sup> Grade <input type="radio"/> 8 <sup>th</sup> Grade <input type="radio"/> 9 <sup>th</sup> Grade <input type="radio"/> 10 <sup>th</sup> Grade <input type="radio"/> 11 <sup>th</sup> Grade <input type="radio"/> 12 <sup>th</sup> Grade
<small>I have advised the student and his/her parents or legal guardian of their participation in the CCP program. I acknowledge that I have received the student's intent to participate form and have discussed with the student academic eligibility requirements and high school graduation requirements. I certify to submit the students transcripts and that the student is recommended to participate in the CCP program based on meeting at least one of the following requirements:</small>									
<input type="checkbox"/> Student has completed the following high school courses with a B average:									
<input type="checkbox"/> 2 units of College Prep English/Language Arts <input type="checkbox"/> Algebra II or equivalent									
<input type="checkbox"/> Student has received the following ACT Sub Scores <input type="checkbox"/> 18+ English <input type="checkbox"/> 21+ Reading <input type="checkbox"/> 22+ Math									
<small>When none of the above apply, the student will be directed toward placement testing by Cincinnati State.</small>									
<b>School Official Name (Print)</b>	<b>Title</b>								
<b>X</b>									
<b>Signature</b>	<b>Date</b>								