

# College Credit Plus

## Information Session

January 13, 2026

North Woods Career Prep High School - *Fusion Campus*



# The Basics

- College Credit Plus is **free for all public school students who wish to attend a public Ohio university or college.**
- Each Career Prep School has a corresponding Community College with which they have an agreement for CCP.
- Student can earn dual credit for high school and college.
- Students must be in their **natural four-years of high school** to participate.



# How Can Students Participate?

## Step 1: Eligibility

A student is eligible for the College Credit Plus program if the student meets any of the following criteria:

- Obtains a remediation-free score on one of the standard assessment exams
- Has a cumulative unweighted high school grade point average of at least 3.00
- Has a cumulative unweighted high school grade point average of at least 2.75 but less than 3.00 and received an "A" or "B" grade in a



# How Can Students Participate?

## Step 2: College Admission

- Students must apply for admission at their corresponding community college (based on Career Prep School location)
- Admission is reviewed per the requirements of the college; contact the college to find specific information
- College applications include the permission slip for *mature content* and a questionnaire about emotional maturity
- Colleges have the final decision on student admission



## Disclaimer

**Parents/Guardians, please note:** "The subject matter of a course enrolled in under the college credit plus program may include mature subject matter or materials, including those of a graphic, explicit, violent, or sexual nature, that will not be modified based upon college credit plus enrollee participation regardless of where course instruction occurs."



## What are the Next Steps?

- **Intent to Participate**
  - April 1: complete and return the form to the school office
- **Check ACT and SAT testing dates**
  - Test early to meet college admission deadlines (if required)
- **Meet with your School Administrator for further information!**



## Department of Higher Education

College Credit Plus

### INTENT TO PARTICIPATE IN COLLEGE CREDIT PLUS

#### PUBLIC SCHOOLS

|                                                                     |  |
|---------------------------------------------------------------------|--|
| Please Indicate the Academic Year for which this Intent Form is for |  |
| School Name                                                         |  |
| Student Name                                                        |  |
| Student Grade Level Next Year                                       |  |
| Parent/Guardian Name                                                |  |
| Home Address                                                        |  |
| Parent Phone Number                                                 |  |
| Parent Email Address                                                |  |
| Student Phone Number                                                |  |
| Student Email Address                                               |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| Select Date of Submission                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> April 1 <sup>st</sup> (For the upcoming Academic Year)        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> November 1 <sup>st</sup> (For the next semester or term only) |
| <i>Any student who provides notification by the first day of April may be approved to participate in the program for the next full school year. Any student who provides notification by the first day of November may be approved to participate in the program for the next semester or term only. Any student who fails to provide the notification by the required date may not participate in the program in the next semester or term without the written consent of the principal, or equivalent.</i> |                                                                                        |

#### DECLARATION OF INTENT

I would like to declare my intent to participate in the College Credit Plus program. I understand that signing this form does not require that I participate during the upcoming school year or the next semester or term, 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 in the program.

In addition, I certify that I have received counseling about the College Credit Plus 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 College Credit Plus program.

Please sign and return this form to the secondary school by **the deadline period selected above.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Due on or  
before  
**APRIL 1**

**Thank You!**

