



Please return this completed form to the Student Services Coordinator/CCP Coordinator at Granville Christian Academy. This form should be received as soon as you make your decision to pursue college admission and funding requests through the Ohio CCP Dual Credit Program.

Student Name \_\_\_\_\_

Grade Level for 2024-2025 School Year \_\_\_\_\_

By submitting this form, I indicate my desire to participate in the College Credit Plus (CCP) program during the 2024-2025 school year. I understand that signing this form does not require me to participate in CCP during the coming school year, and I may decide not to participate without consequence. I also understand that I must indicate my desire to participate each school year regardless of my participation in the program previously.

I understand that submitting this letter of permission does not guarantee admission to a college or university, nor is it a guarantee of funding required to support my participation in the CCP program. I further understand it is my responsibility to apply to a participating institution of higher education for admission under the College Credit Plus Program. Upon admission to an institution of higher education, it is my responsibility to obtain, complete, and submit an application for College Credit Plus funding.

In addition, I certify that I have received College Credit Plus program counseling regarding the rules and procedures for both Granville Christian Academy (GCA) and the college/university. I acknowledge that I have read and agree to adhere to the terms outlined in the GCA CCP policy. I understand my responsibilities, benefits, and possible risks of participation in the CCP program.

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

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

**For Office Use Only:**

Date Rec'd: \_\_\_\_\_ Date processed: \_\_\_\_\_ Processed by: \_\_\_\_\_