



College Credit Plus Student Information Form

1. Student Name: _____

2. Social Security Number (optional): _____ 3. High School: _____

4. Student's Expected Date of High School Graduation: _____ 5. Birth Date: _____

This section to be completed by your high school guidance counselor or principal.

6. ____ Yes, the student and his/her parents or guardian have obtained the required counseling regarding CCP.

7. Number of periods or blocks in your high school's day (excluding lunch) _____ .

8. Number of Carnegie Units/Credits student has scheduled for the 2020-2021 school year _____ .

9. I recommend the following course(s) to be scheduled at Lourdes University:

Required Courses

Non-required Courses

Required Courses	Non-required Courses

10. I verify the above information to be true and accurate to the best of my knowledge and the above-named student is in good standing at his/her high school.

Signature of Guidance Counselor or Principal _____

Printed name of Guidance Counselor or Principal _____

Phone _____ Date _____

Counselor Email _____

Signature of Student _____

Phone _____ Date _____

**Upon acceptance, participation for non-public high school students is dependant on approved credit hours and availability of funding through the Ohio Department of Education.*

College Credit Plus Program



Agreement Signature Form

I have read and understand the Lourdes College Credit Plus policies and procedures, and agree to abide by them. I understand that it is my responsibility to raise any questions or concerns I have regarding Lourdes with the appropriate college personnel.

Student Name: _____

Student Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____

Cell Phone: _____

Birth Date (mm/dd/yyyy): _____

Student Email: _____

Parent Email: _____

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

Please retain a copy of this agreement for your records.

