



College Credit Plus Checklist

___ Parent and student attend CCP informational meeting, review CCP paperwork and submit Acknowledgement of Counseling Form.

___ Parent and student submit Intent to Participate in CCP Form to MCCC school counselor by **April 1st**.

___ Student submits Course Request Form to MCCC school counselor.

___ Student submits LCCC application to MCCC school counselor.

Junior student deadline: April 15th

___ Student checks eligibility, by asking their school counselor to submit high school transcript to LCCC.

Ways to meet eligibility: (Must meet one of these)

1. 3.0 Unweighted Cumulative High School GPA.
2. 2.75 Unweighted Cumulative High School GPA but less than 3.0 and received an "A" or "B" in a relevant high school course.
3. Meet statewide remediation free test scores. Students can meet this by taking an ACT, SAT or Next-Generation Accuplacer assessment. **NOTE:** Make sure scores are sent directly to the LCCC and review the ACT/SAT deadlines in the packet of information. Please refer to the appropriate websites listed.

ACT- www.actstudent.org

SAT - www.collegeboard.org

Next-Generation Accuplacer - LCCC Testing Center - www.lorainccc.edu/testing-and-assessment/

___ Student will be notified of acceptance at LCCC.

___ Student will attend new student orientation at LCCC.

___ Student will receive and verify confirmation of enrollment in approved CCP course(s).

NOTE: Student needs to keep in communication with their MCCC school counselor regarding their progress throughout this process.





College Credit Plus Course Request Form

Student's Name	
Home High School	
Program	

Please put a "X" next to the course(s)* you would like to schedule:

Courses available for 2025-2026 for students in Allied Health & Pre-Nursing 2:

___ ALHN 110 Medical Terminology

Academic courses for 2025-2026 for all students at MCCC:

___ ENGL 161 College Composition I

___ ENGL 162 College Composition II

___ ENGL 255G Introduction to Fiction (Prerequisite: ENGL 161)

___ ENGL 257G Introduction to Poetry (Prerequisite: ENGL 161)

___ PLSC 156 American National Government

___ PLSC 151 Comparative Politics

___ MTHM 171 College Algebra

___ MTHM 174 Trigonometry

Student Signature	
Parent/Guardian Signature	
Date	

***Additional courses may be available; all courses are subject to change based on enrollment.**



Date Received: _____

**Department of
Higher Education**

College Credit Plus

Intent to Participate in College Credit Plus

Academic Year 2025 – 2026

Date*		Student Grade in 2025 – 2026	
Student Name			
Parent/Guardian Name			
Home Address			
Parent/Guardian Phone Number			
Parent/Guardian Email Address			
Student Phone Number			
Student Email Address			
Home High School			

**After April 1, you will need permission from the school principal to participate.*

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, 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.

I understand and grant permission for MCCC, LCCC and my home school to share educational records pertinent to my admission for CCP enrollment.

Please sign and return this form to your MCCC school counselor by **April 1**.

Student Signature	
Parent/Guardian Signature	
Date	

See other side for option selection.





For the 2025-2026 school year, please select the payment option for the student's course(s).

- OPTION A: The student/family will be financially responsible for all tuition and the cost of all textbooks, materials, and fees associated with the College Credit Plus course.
 - The student must inform the secondary school whether the student wants to receive college credit only or high school and college credit.
- *OPTION B:** The state of Ohio is financially responsible for the eligible course(s) in which the student chooses to enroll.
 - If Option B is selected, the funding for the course will be deducted from the secondary school and redirected to the college.
 - The student will receive high school and college credit.
- COMBINATION OF OPTION A & B: Student/family chooses to be responsible for all tuition, textbooks, materials and fees for one or more courses. If this option is chosen, the student must inform the college which course(s) will be under Option A and which will be under Option B.

Please consult with your high school counselor for more information and to choose the option(s) that best suits your College Credit Plus endeavors. Your selection of Option A or Option B is tentative on this form. You must confirm your selection by your college's no-fault withdrawal date. You must also inform your high school of your final selection.

***NOTE:** OPTION B is the option that most students choose because it is funded by the state.



Date Received: _____

**Department of
Higher Education**

College Credit Plus

Acknowledgement of Counseling for 2025 – 2026 School Year

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

Date	
Student's Name	
Parent's or Guardian's Name	
Home High School	

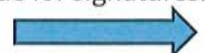
I have received counseling regarding the College Credit Plus (CCP) program and understand the responsibilities I assume to participate in the program.

I understand the consequences and benefits of participation and have been counseled on all the following information: (Please also refer to CCP PowerPoint information included in the CCP informational packet.)

- Program eligibility;
- The process for granting academic credits;
- Any necessary financial arrangements for tuition, textbooks, and fees;
- Criteria for any transportation aid;
- Available support services;
- Scheduling;
- Consequences and benefits of participation, including all of the following:
 - 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 student's grade point average;
 - The benefits to the student for successfully completing a course under the program, including the ability to reduce the overall costs of, and the amount of time required for, a college education.
- The 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 highered.ohio.gov/ccp for more information.)
- 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).
- Administrative rules of Course Eligibility (OAC 3333-1-65.12) and Underperforming Students (OAC 3333-1-65.13).

This information is provided to students as required by Ohio Revised Code 3365.04 and Ohio Administrative Codes 3333-1-65.12 and 3333-1-65.13.

See other side for signatures.



- Information about Options A and B to include the following details:

Public 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.
 - Under Option A, the student/ family must work directly with the college to arrange to make payment
 - Option A allows the student to choose to earn both college credit and high school credit OR only college credit
 - Option A must be elected at the time the student registers for college courses
 - 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.
 - If Option B is selected, the funding for the course will be deducted from the secondary school and redirected to the college.
 - The student will receive high school and college credit.
- Combination of Options A & B: Student/family chooses to be responsible for all tuition, textbooks, materials, and fees for one or more courses. If this option is chosen, the student must inform the college which course(s) will be under Option A and which will be under option B.
- Students must inform the college of the choice of Option A or B when registering for courses. Students must inform the secondary school of whether the student wants to receive both high school and college credits or only high school credits.
- The final date to change the election of Option A or Option B is on or before the college's no-fault withdrawal date.

I understand that the Medina County Career Center will seek reimbursement and the cost will be added to the student's fees when a student fails or withdraws from a course after the college's "no fault" date.

Student Signature	
Parent/Guardian Signature	
Date	



CollegeCredit PLUS

College Credit Plus (CCP) is a popular choice for students – and for good reason. This program allows students to earn college credits while in high school, all for free. Under this program, students enroll in courses at LCCC and receive dual credit for high school requirements and for college credit. These credits may be used at LCCC or for transfer to the college or university of choice after high school graduation. Even books and other fees are covered for students.

Application for Participation Procedures

Students wishing to participate in College Credit Plus or Credit In Escrow are required to complete the following steps.

1. The application information including Student Section, Emergency Contact Information, Student Participation Form, and Permission Slip.
2. Official high school transcripts (or equivalent for home-educated students, or report card for middle school students), need to be received by LCCC prior to enrollment in college courses. Students should request that the high school submit their transcript with their application.
3. Students may submit their application to either their high school counselor or the completed application and transcript may be mailed directly to the LCCC Special Admissions Office, 1005 North Abbe Road, Room LC157, Elyria, OH 44035.
4. Students must complete the Accuplacer/ALEKS or submit ACT or SAT scores in order to be considered for the program.
5. All new students must complete an orientation and meet with an LCCC advisor or counselor prior to scheduling classes.

STUDENT SECTION

Please use blue or black ink. Complete numbers 1 through 18 of the application.

1. Full legal name:

_____	_____	_____
Last	First	Middle Initial

2. Please list all former names:

_____	_____	_____
Last/Maiden	First	Middle Initial

3. Date of birth:

_____	_____	_____
Month	Day	Year

_____	_____	_____
Birthplace City	State	Country

4. Gender: Female Male Non-Binary Other

5. Social Security Number (required for state reporting):

6. Legal home address information (a Post Office Box is not a legal address):

_____	_____	_____	_____
Number	Street	Apt.	County

_____	_____	_____	_____
City	State	Zip	Country

_____	_____
Area Code/Telephone Number	Length of Time at This Address

E-mail Address _____

7. Previous address (if time at legal home address is less than 12 months)

_____	_____	_____	_____
Number	Street	Apt.	County
_____	_____	_____	_____
City	State	Zip	Country
_____	_____	_____	_____
Area Code/Telephone Number	Length of Time at This Address		

8. Residency Information:

Length of continuous residence in Ohio: Years _____ Months _____

If you have lived in Ohio less than 12 months, your previous State of residency was: _____

Are you dependent for more than one-half of your financial support on a person residing in Ohio? Yes No

Are you dependent for more than one-half of your financial support on a person residing in Lorain County? Yes No

9. Are you a United States citizen? Yes No
If no, check and complete one of the following and attach a copy of your I-94 and passport I.D. page.

Non-immigrant. Indicate expected visa type (e.g. F-1, J-1, etc.): _____

Permanent resident. Indicate alien number: A _____

Date status received: mo _____ day _____ yr _____

Refugee. Indicate file number: A _____

Date status received: mo _____ day _____ yr _____

10. Are you Hispanic and/or Latino? Yes No

11. Race: Please check one or more. Circle primary race if more than one is checked.

American Indian or Alaska Native Asian Black or African American

Native Hawaiian or Pacific Islander White

Race/Ethnic information is strictly voluntary and used for federal reporting purposes only. It is the policy of LCCC that no person shall be subject to discrimination in any relationship to the College because of race, age, color, sex, religion, disability, national origin or veteran status.

12. Give the name and permanent address of the person upon whom you are financially dependent:

_____	_____	_____
First Name	Middle Initial	Last Name

_____	_____	_____	_____
Number	Street	Apt.	County

_____	_____	_____	_____
City	State	Zip	Country

_____	_____
Area Code/Telephone Number	Length of Time at This Address

Relationship _____

(Continued on reverse side)



Lorain County Community College

OFFICE USE ONLY

Student No. _____

School _____ Standing _____

LCCC College Credit Plus Application for Admission, continued

13. Selective Service (to be completed by males only):

NOTICE: Required by State of Ohio. Under section 3345.32, if you are a male age 18 through 26, you are required to submit this information.

Selective Service Number

If you have not registered, you must indicate below the reason(s) why you are not required to register:

- I am under 18 years of age.
- I am a non-immigrant alien lawfully in the United States in accordance with Section 101(A)(15) or the "Immigration and Nationality Act" U.S.C.1101, as amended.

14. Educational history:

Current School Attending

City State

Dates Attended From To

Will you attend a different school next year? If yes, please list the school below:

15. I am currently in/a: 6th Grade 7th Grade 8th Grade

Freshman Sophomore Junior Senior

Expected date of high school graduation _____

16. Planned major or area of study:

- Business and Entrepreneurship Computer & Information Technology
- Culinary and Hospitality Education Engineering & Manufacturing
- Human, Social & Public Service Health, Wellness & Safety
- Liberal & Creative Arts Science & Math

17. Have you attended college before?

Yes No If yes, please complete question 18

18. List any other colleges or universities you have attended:

Note: You are responsible for submitting official transcripts from these institutions if you want credits for these courses to be considered for credit at LCCC.

College/University

College/University

Emergency Medical Treatment Contact

Last Name First Middle Initial

Relationship to Student

Home Phone Number Work or Cell Phone Number

STUDENT PARTICIPATION FORM

Responsibility Acknowledgement for Student

I certify the information I have provided on this application is complete and accurate to the best of my knowledge. I understand that misrepresentation of facts on the application may be cause for refusal of admission, cancellation of admission or dismissal from the College as provided in the Lorain County College Policies and Procedures.

The Family Education Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of student education records. When a student attends courses beyond the high school level regardless of age these privacy rights belong to the student. LCCC will report grades and appropriate information to me, my high school counselor and other educational entities in accordance with FERPA guidelines.

I am aware that the content of college courses is geared toward adult students and may contain material normally reserved for adults. I understand the college environment does not provide extraordinary measures of safety as practiced in K-12 school buildings. Furthermore, institutions of higher education, LCCC included, provide unrestricted access to learning resources and information without additional filters that may be found in public and K-12 libraries and computer labs. I understand that I will have the opportunity to use computer labs on campus with Internet access. I will not abuse this privilege by purposely logging on to inappropriate sites. I believe that I have the maturity to be a successful student in the college environment.

As a College Credit Plus (CCP) student I understand that textbooks and materials provided to me through the CCP program must be returned to the college in a timely manner. I also understand that I must provide written notice to my high school counselor or other authorized official before withdrawing from any course(s).



Student Signature

Date

Print Name

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.

PLEASE TYPE OR PRINT:

We _____ (Student Name) and _____ (Parent Name) hereby understand that by enrolling in College Credit Plus courses:

- Content *may* include mature subject matter that will not be modified based upon College Credit Plus enrollee participation regardless 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 that college or university's instructions for submission of application materials.

The signatures below indicate permission is granted to participate in College Credit Plus. It is the parent's or guardian's responsibility to be aware of and monitor the student's enrollment based on information provided by the college.

Student Information – **PLEASE TYPE OR PRINT:**

Student Name: _____

Email Address: _____

Phone Number: _____

Name of High School (or homeschooled): _____

Parent Information – **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.**