



Please complete this checklist. *You must provide documentation to demonstrate completion.* Before April 1st, meet with your counselor to confirm your plan for CCP Enrollment. Failure to do so may result in ineligibility for CCP.

- ❑ **Attend or view the Mayfield CCP Informational Session**
- ❑ **Talk with your school counselor.** Discuss your interest in taking college courses and how it fits in with your overall academic plan and career goals.
- ❑ **Complete the Intent to Participate Form and submit to your school counselor.** This prompts your counselor to submit your transcript to the CCP program of choice.
- ❑ **Apply to the college.** Students are responsible for meeting deadlines, submitting application forms, and meeting criteria for acceptance into College Credit Plus. Please use a non-school email.
- ❑ **Complete an assessment exam*** to determine eligibility for participation (requirements may vary by college). *Please note: Assessment exam may not be required if the student has a minimum GPA. See your counselor for details.*

Circle one: SAT ACT Accuplacer

- ☐ **Acceptance into CCP Program.** The college or university has notified you of acceptance.
- ☐ **Notification of Acceptance.** Communicate to your school counselor confirmation of acceptance into the program and discuss CCP course registration.
- ☐ **Complete any remaining requirements from the CCP program of choice.** This typically includes a parent permission form from the CCP college and/or completion of an orientation.
- ☐ **I understand that if the above items are not completed by April 1st, 2025, I cannot be guaranteed a seat in a Mayfield CCP Course.**
- ☐ **I understand that if the above items are not completed by May 1st, 2025, I cannot be guaranteed MHS approval to register for a non- Mayfield CCP course in Summer '25 or Fall '25.**

☒ X _____ X _____
Student Signature Parent Signature

I confirm that I (and/or my student) have completed the above requirements and am prepared to take CCP Course(s) during the 2025-2026 school year.

X _____ X _____
Student Signature Parent Signature

For Office Use Only: Transcript Sent _____ (Date) to _____ (school)

Checklist Completion Date: _____ Counselor Signature _____