



**Change of High School for College Credit Plus**  
(Return completed form to Student Affairs or [ccp@edisonohio.edu](mailto:ccp@edisonohio.edu))

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Edison ID# \_\_\_\_\_ Phone Number \_\_\_\_\_ Date \_\_\_\_\_

**Previous High School**

High School Name: \_\_\_\_\_

**New High School** (to be completed by Guidance Counselor at the new high school)

High School Name: \_\_\_\_\_

Date moved to new school: \_\_\_\_\_

Anticipated high school graduation date: \_\_\_\_\_

Guidance Counselor Printed Name: \_\_\_\_\_

\_\_\_\_\_  
Guidance Counselor Signature

\_\_\_\_\_  
Date

OFFICE USE ONLY
CRI - RCHSCHAN
Processed by _____
Date _____