



Change of High School for College Credit Plus
(Return completed form to Student Affairs or 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 _____