

COURSE REGISTRATION FORM

Summer _____ Fall _____ Spring _____

Student Full Name (Print) _____

Cougar ID# _____

School Name: _____

School Counselor Name: _____

STUDENT MUST RESPOND: Do you possess the necessary social and emotional maturity to participate in the CCP program at CSCC? Yes No

STUDENT MUST RESPOND: Are you ready to accept the responsibility/independence that a college classroom (either in person or online) demands? Yes No

Student's Maximum Credit Hours (To be completed by Public/Community School Representative only):

1. Place the number of high school based credits a student is taking during the academic year on line (a).
2. Multiply the number on line (a) by 3 to complete line (b).
3. Subtract line (b) from 30, giving students the total number of semester hours available (c) for which they will receive funding for this academic year (Summer/Autumn/Spring).

(a) _____ X3 = (b) _____, then 30 – (b) _____ = (c) _____

If maximum credit hours are not listed, registration will not be completed

For homeschooled/non-public school students: DO NOT COMPLETE MAX CREDIT INFO; submit ODE award letter directly to advisor or to ccpadvising@csc.edu

Class Name (i.e. ENGL xxxx)	Section # (3 digits)	Synonym # (5 digits)	Cred Hrs.	Course Title (i.e. Composition I)	Section days/times

Forms cannot be processed without section or synonym information

Student's Name (Print)

Signature

Date

Parent's/Guardian's Name (Print)

Signature

Date

High/Middle School Representative's Name (Print)

Signature

Date

Students must submit separate forms for each semester in which they intend to enroll in courses AND a new form for each schedule change

Please send completed forms to your CCP Advisor. If advisor is unknown, send completed forms to ccpadvising@csc.edu