

COURSE REGISTRATION FORM

Summer 20____ Autumn 20____ Spring 20____

Student Full Name (Print) _____ Cougar ID# _____

School Name: _____ School Counselor Name: _____

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

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

- Place the number of high school based credits a student is taking during the academic year on line (a).
- Multiply the number on line (a) by 3 to complete line (b).
- 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 **Homeschool/Nonpublic students:** submit ODE award letter and include amount here: _____

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 _____

Entered By	Date	REGISTRATION--OFFICE USE ONLY	Supporting Documents
			Registration Consent
			SSID #
			Max Hours