

COURSE REGISTRATION FORM

Summer _____ Fall _____ Spring _____

SSID # _____

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

Line A: # of high school based credits taken during academic year Line B: Multiply number from A by 3 Line C: Number from line B, subtracted from 30

(a) _____ X 3 = (b) _____, then 30 - (b) _____ = (c) _____

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

If you are not sure how to complete this portion, please contact your high school counselor

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, synonym information, and max credits listed

If the student has a documented disability, it is the student's responsibility to request necessary accommodations through the college's Office of Accessibility Services. Learn more at www.cscs.edu/disability.

Student's Name (Print)

Signature

Date

Parent's/Guardian'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 Amber Spiegel at CSCC (aspiegel1@cscs.edu).