

COURSE REGISTRATION FORM

Summer _____ Fall _____ Spring _____

Student Full Name (Print) _____

Cougar ID# _____

School Name: _____

School Counselor Name: _____

SSID here: _____ (Your SSID can be found on your HS transcript. Do not list your social security number.)

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

If maximum credit hours are not listed, registration will not be completed**Please contact your high school counselor, if you need assistance.**

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 (www.cscc.edu/disability). In compliance with OAC 3333-1-19, any student who was born male and turns 18 years old at any point in a semester in which they are taking College Credit Plus courses, must register for Selective Service (www.sss.gov) and provide their Selective Service number to Columbus State Community College.

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 your CCP Advisor, Amber Spiegel at aspiegel1@cscc.edu