

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.csc.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@csc.edu