

**SUFFOLK COUNTY COMMUNITY COLLEGE  
EARLY COLLEGE PROGRAM  
COURSE REGISTRATION FORM**

**Student ID#** \_\_\_\_\_ **Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **High School** \_\_\_\_\_ **Date** \_\_\_\_\_

**Semester** \_\_\_\_\_ **Total number of courses for this semester:** ☐ 1 ☐ 2 ☐ 3  
(fall, spring, summer) (year) (Check one)  
1st semester in program -- only 1 course;  
After 1st semester--7 credit max

*Please list back-up choices for each course selection, in preference order, in the event you do not get your top choice(s).*

**Course #1: I wish to REGISTER for:**

Preference order	Course Campus (A,E,W)	Course CRN (ex: 91508)	Course Subject (ex: ENG)	Course Number (ex: 101)	
					Day _____ Time _____ Building/Rm _____
					Day _____ Time _____ Building/Rm _____
					Day _____ Time _____ Building/Rm _____
					Day _____ Time _____ Building/Rm _____
					Day _____ Time _____ Building/Rm _____

**Course #2: I wish to REGISTER for: (I do not wish to register for a second course \_\_\_\_\_)**  
*Initial*

Preference order	Course Campus (A,E,W)	Course CRN (ex: 91508)	Course Subject (ex: ENG)	Course Number (ex: 101)	
					Day _____ Time _____ Building/Rm _____
					Day _____ Time _____ Building/Rm _____
					Day _____ Time _____ Building/Rm _____
					Day _____ Time _____ Building/Rm _____
					Day _____ Time _____ Building/Rm _____

**Course #3: I wish to REGISTER for: (I do not wish to register for a third course \_\_\_\_\_)**  
*Initial*

Preference order	Course Campus (A,E,W)	Course CRN (ex: 91508)	Course Subject (ex: ENG)	Course Number (ex: 101)	
					Day _____ Time _____ Building/Rm _____
					Day _____ Time _____ Building/Rm _____
					Day _____ Time _____ Building/Rm _____
					Day _____ Time _____ Building/Rm _____
					Day _____ Time _____ Building/Rm _____

**Signatures below signify confirmation of the above action.**

**Student's Signature/date:** \_\_\_\_\_ **Current Grade** \_\_\_\_\_

**Parent's Signature/date:** \_\_\_\_\_

**Suffolk's Campus ECP Counselor Signature/date:** \_\_\_\_\_

\_\_\_\_\_ **For Office Use Only: (SEAREGS) Revised 5/12/08** \_\_\_\_\_

**Processed by:** \_\_\_\_\_ **Campus:** \_\_\_\_\_ **Date:** \_\_\_\_\_