

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

Student ID#	Last Name	First Name	High School	Date
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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: _____