Sussex County Community College

CONCURRENT ENROLLMENT PROGRAM REGISTRATION FORM

PLEASE PRINT

Student ID # _____ Today's Date *(Month/Day/Year)* _____

Last Name _____ First Name _____ MI _____

Address _____

City and State _____ Zip _____ County of Legal Residence _____

Phone Number _____

Personal Email Address *(please do not use your high school email address)* _____

Year: _____ **Check one:** ☐ FALL ☐ SPRING

All registration forms must be reviewed and approved by the Early College Coordinator.

COURSE CODE	COURSE NUMBER	SECTION NUMBER	SCCC'S COURSE NAME	CREDITS
			TOTAL CREDITS	

I have read and I agree to the above noted course selection(s) as a high school participant in the Concurrent Enrollment Program (CEP) to earn college credits.

Student Signature: _____ Date: _____

High School: _____

Guidance Counselor Signature: _____ Date: _____

For additional questions contact
Sareena Sciabica, Early College Coordinator | cep@sussex.edu | 973-300-2235