2023-2024 Course Registration Form

	STUD	STUDENT LAST NAME	AME			FIRST NAME		1	EDIS	EDISON STUDENT ID	DENT II		1		нідн ѕсноог
		Registratio	on forms ma	ay be sub	mitted	Registration forms may be submitted in person at any campus (Student Affairs) or via email to CCP@edisonoh	mpus (Studi	ent Affairs)	or via em	ail to <u>CC</u>	@edis	onohio.edu.	du.		REGISTRATION FOR OFFICE USE
			ac	ai Cil Toi d	ourse	search for courses offillie at https://myescc.edisonomo.edu/student/courses	lyescc.edis	ononio.eac	1/oruneur/	Courses					
		PLE	ASE USE A Course, nu	SEPARA imber, sec	TE FO	PLEASE USE A SEPARATE FORM FOR EACH SEMESTER Course, number, section, and term must be indicated.	MESTER. ted.				ndicate	Indicate semester		Option A Funding	By Date
	Course	Number	Section	Term	요	Location	Day(s)	Start Time	End	Summer	Fall	Spring	Full Year	Initial this box if self-paying	CCP students must complete and submit this form for each semester of participation.
Example	ENG	1215	001FS	2023FS	ω	Circle selection	M/W	10:30 A.M.	11:45 A.M		×				School counselor authorization is required for
1						HS Piqua Eaton									For registration assistance contact
٠						ī									937.548.5546 (Greenville), 8, 937.683.8169
						-pnline_GrnvlTroy									(Eaton).
ω						ᇤ									Ohio Administrative Code 3333.1.65.2: High
						Printel Printel							-		more than 30 credit hours per academic year.
4						☐HS☐Piqua☐Eaton ☐Pnline☐Grnvl☐ Troy									To avoid going over 30 credit hour maximum, please calculate as follows:
5						□HS□Piqua□Eaton									
						Dnline Grnvl Troy						TOTAL PORT			number of college credits available for the
	DROP CLA	SSES (comp	lete this se	ction to	drop of	DROP CLASSES (complete this section to drop or withdraw from registered courses) - Deadlines can be found at www.edisonohio.edu/ccp.	istered cou	ırses) – De	adlines car	n be fou	nd at w	ww.edis	onohio.	du/ccp.	student to take this academic year
1															ler S
2															credits == + spring semester
ω															*Students will be billed by Edison State the
4															current standard tuition rate for the entire
5															indicated as "Option A Funding" (self-pay).
By signing district for	below, I verify	y that I possess to	he necessary soo	cial and emot drawn or not s	ional mat uccessfull	urity to participate in the CCI ly completed. I understand th	program AND t at if I elect Optio	hat I am ready! n A Funding or e	to accept the re	esponsibility ovided fundi	and indep	endence tha	t a college c	lassroom demands. L	By signing below, I verify that I possess the necessary social and emotional maturity to participate in the CCP program AND that I am ready to accept the responsibility and independence that a college classroom demands. I understand that I may be financially responsible to the school district for all associated costs related to any course withdrawn or not successfully completed. I understand that if I elect Option A Funding or exceed state-provided funding. I/my parents will be billed by Edison State the current standard futition rate for the entire course(s) which suresss
	agree to adne	te to cason state	e s orugent Code	or Conduct,	academic	une illiniu, i egiree to euriere to cuison state s student Lode of Conduct, academic and general college policies outlined in the Student Handbook, my district's probation and dismissal policies, as well as all CCP State Legislation.	utlined in the Stu	ident Handbook	, my district's p	probation and	dismissal	policies, as v	vell as all CC	P State Legislation.	
Studer	Student Signature	re							Date	ie					
I have adv student is	ised this stude within annual	nt of the respons credit hour limit	ibilities involved and have noted i	with the part	icipation i	I have advised this student of the responsibilities involved with the participation in the CCP program. I acknowledge that I have received the student's Letter of Intent and have discussed with the student is within annual credit hour limit and have noted any courses exceeding this limit in the comment section. I authorize this student to register or drop the courses indicated on this form.	ledge that I have ion. I authorize 1	received the stu	udent's Letter c egister or drop	of Intent and the courses	have discu indicated o	ssed with th n this form.	e student ac	ademic eligibility and h	I have advised this student of the responsibilities involved with the participation in the CCP program. I acknowledge that I have received the student's Letter of Intent and have discussed with the student academic eligibility and high school graduation requirements. I have verified the student is within annual credit hour limit and have noted any courses exceeding this limit in the comment section. I authorize this student to register or drop the courses indicated on this form.
School	Counselo	School Counselor Signature							Date	ë					