

STUDENT LAST NAME _____

FIRST NAME _____

EDISON STUDENT ID _____

HIGH SCHOOL _____

Registration forms may be submitted in person at any campus (Student Affairs) or via email to CCP@edisonohio.edu.
Search for courses online at <https://myescc.edisonohio.edu/Student/Courses>

PLEASE USE A SEPARATE FORM FOR EACH SEMESTER.

Course, number, section, and term must be indicated.

Course Number	Section	Term	CH	Location	Day(s)	Start Time	End Time	Indicate semester				Option A Funding if self-paying for course*	
								Summer	Fall	Spring	Full Year		
Example ENG 1215	001FS	2023FS	3	Circle selection H□ S□ P□ Equal □ Eaton Online □ Grnv □ Troy	M/W	10:30 A.M.	11:45 A.M.		X				
1				H□ S□ P□ Equal □ Eaton Online □ Grnv □ Troy									
2				H□ S□ P□ Equal □ Eaton Online □ Grnv □ Troy									
3				H□ S□ P□ Equal □ Eaton Online □ Grnv □ Troy									
4				H□ S□ P□ Equal □ Eaton Online □ Grnv □ Troy									
5				H□ S□ P□ Equal □ Eaton Online □ Grnv □ Troy									
DROP CLASSES (complete this section to drop or withdraw from registered courses) – Deadlines can be found at www.edisonohio.edu/ccp.													
1													
2													
3													
4													
5													

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understand that I may be financially responsible to the school district for all associated costs related to any course withdrawn or not successfully completed.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, /my parents will be billed by Edison State the current standard tuition rate for the entire course(s) which surpass the limit and/or are indicated as "Option A Funding" (self-pay). I agree to adhere to Edison State's Student Code 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.

Student Signature _____

Date _____

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 Counselor Signature _____

Date _____

REGISTRATION ---- FOR OFFICE USE ONLY

By _____ Date _____

CCP students must complete and submit this form for each semester of participation. School counselor authorization is required for all schedule changes.

For registration assistance contact
937.778.8600 (Piquet), 937.381.1525 (Troy),
937.548.5546 (Greenville), & 937.683.8169 (Eaton).

Ohio Administrative Code 3333.1.65-2: High schools must verify students are not taking more than 30 credit hours per academic year. To avoid going over 30 credit hour maximum, please calculate as follows:

30 – (Secondary school units x 3) = _____ Total number of college credits available for the student to take this academic year

Credit Tracking: Summer Semester credits _____
+ Fall Semester credits _____ + Spring Semester Credits _____ = _____

*Students will be billed by Edison State the current standard tuition rate for the entire course(s) which surpass the limit and/or are indicated as "Option A Funding" (self-pay).