

SUMMER QUARTER ONLY, NOT VALID FOR AUTUMN, WINTER OR SPRING QUARTERS



Underage Enrollment Options Course Request Form (www.cscce.edu/USE)

Student Name _____

Social Security Number or Cougar ID _____

Daytime Telephone No. () _____ Cell No. () _____
(Required) (Optional)

Please lift my restriction for SUMMER Quarter 20____. (Write year on line.)

If this is a revised Course Request Form, please check here:

Instructions for Students:

1. Complete all sections of this form (incomplete forms will be returned)
2. Have a parent/guardian sign below.
3. Fax (614) 287-6045, drop-off or mail a copy to:
 Columbus State Community College, PSEO/Underage Program, PO Box 1609, Columbus OH 43216
4. **REGISTER*** for class and pay your fees by the college's deadline date: www.cscce.edu, CATS (614) 287-2287, TIC (614) 287-5353, Site Registration, walk-in on main campus or off campus site *click on Quarter Schedules at www.cscce.edu

| <u>Alpha Numeric Course #</u> | <u>Name of Course</u> | <u>Credits</u> |
|-------------------------------|-----------------------|----------------|
| Example: ENGL 101 | Begin Composition | 3 |
| | | |
| | | |
| | | |

***Total Credits** for which I intend to register *: _____

 Signature Parent/Guardian

 Date

 Print name of Parent/Guardian

 High School

Note: if you are intending for any coursework taken during the Summer Quarter to be included as part of your high school credit/advancement, you must have a signature of approval from your high school's guidance counselor or principal:

 Signature Guidance Counselor/Principal

 Date

Your restriction will be lifted within 24 hours after the form is received in the K-12 Initiatives Office at Columbus State Community College. After restriction is lifted, be advised it is YOUR responsibility to register for classes and pay your fees by the college's deadline dates. Your restrictions will be reactivated the day before the Autumn Quarter registration begins.