

## COURSE REGISTRATION FORM

☐ Summer \_\_\_\_\_ ☐ Fall \_\_\_\_\_ ☐ Spring \_\_\_\_\_

Student Full Name (Print) \_\_\_\_\_

Cougar ID# \_\_\_\_\_

School Name: \_\_\_\_\_

School Counselor Name: \_\_\_\_\_

Public high/middle school counselors, please add SSID here: \_\_\_\_\_

**STUDENT MUST RESPOND:** Do you possess the necessary social and emotional maturity to participate in the CCP program at CSCC?
 Yes ☐ No ☐  
 Yes ☐ No ☐
**STUDENT MUST RESPOND:** Are you ready to accept the responsibility/independence that a college classroom (either in person or online) demands?
 Yes ☐ No ☐
**Student's Maximum Credit Hours (To be completed by Public/Community School Representative only):**

Line A: # of high school based credits taken during academic year    Line B: Multiply number from A by 3    Line C: Number from line B, subtracted from 30

(a) \_\_\_\_\_ X3 = (b) \_\_\_\_\_, then 30 – (b) \_\_\_\_\_ = (c) \_\_\_\_\_

**If maximum credit hours are not listed, registration will not be completed****For homeschooled/non-public school students:** DO NOT COMPLETE MAX CREDIT INFO; submit ODE award letter directly to advisor.

Class Name (i.e. ENGL xxxx)	Section # (3 digits)	Synonym # (5 digits)	Cred Hrs.	Course Title (i.e. Composition I)	Section days/times

**Forms cannot be processed without section, synonym information, and max credits listed**

If the student has a documented disability, it is the student's responsibility to request necessary accommodations through the college's Office of Accessibility Services ([www.csc.edu/disability](http://www.csc.edu/disability)). In compliance with OAC 3333-1-19, any student who was born male and turns 18 years old at any point in a semester in which they are taking College Credit Plus courses, must register for Selective Service ([www.sss.gov](http://www.sss.gov)) and provide their Selective Service number to Columbus State Community College.

\_\_\_\_\_  
Student's Name (Print)\_\_\_\_\_  
Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Parent's/Guardian's Name (Print)\_\_\_\_\_  
Signature\_\_\_\_\_  
Date\_\_\_\_\_  
High/Middle School Representative's Name (Print)\_\_\_\_\_  
Signature\_\_\_\_\_  
Date

**Students must submit separate forms for each semester in which they intend to enroll in courses  
AND a new form for each schedule change**

Please send completed forms to your CCP Advisor. To discover your advisor, go to <https://www.csc.edu/academics/college-credit-plus/contact-us.shtml>