

**New CCP students** register for their first semester by presenting this form at orientation. **All students** must complete this form with their guidance counselor each semester and whenever there is a change to their schedule. Students wishing to meet with an Edison CCP advisor can make an appointment by calling 937-778-8600 (Piqua) or 937-548-5546 (Greenville).

**Guidance Counselors:** Please include all CCP courses (including high-school based) and retain a copy for your records. Return completed registration forms to CCP Advisors: Velina Bogart and Amy Borgert, [CCP@edisonohio.edu](mailto:CCP@edisonohio.edu), at the Edison Piqua Campus; or Rachel Carlisle, [rCarlisle@edisonohio.edu](mailto:rCarlisle@edisonohio.edu) and Rhonda Rich, [rRich@edisonohio.edu](mailto:rRich@edisonohio.edu) at the Darke County Campus.

STUDENT LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ EDISON STUDENT ID \_\_\_\_\_ HIGH SCHOOL \_\_\_\_\_

**ODHE Rules: 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:

A. Non CCP units student is taking at the high school ( \_\_\_\_\_ X3) = \_\_\_\_\_

B. Subtract A from 30 = \_\_\_\_\_ **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 \_\_\_\_\_ = \_\_\_\_\_

**Course, Number, and Section must be indicated and can be found at [www.edisonohio.edu/searchclasses](http://www.edisonohio.edu/searchclasses). If you need assistance with WebAdvisor, contact the Edison Help Desk at 937-778-8600. For assistance choosing classes, contact an Edison CCP advisor (see above).**

Please use a separate form for each semester.														Please mark the Current Semester Only				
Course	Number	Section	Term	Hr	M	T	W	R	F	S	HS or ESCC		Start Time	End Time	Summer	Fall	Spring	Full Year
1											HS	ESCC						
2											HS	ESCC						
3											HS	ESCC						
4											HS	ESCC						
5											HS	ESCC						
XLN	100s			Required for online – Start Date:														

**DROP CLASSES (complete this section to drop or withdraw from registered courses)**

1	2	3	4	5	Comments:

Signature of Student \_\_\_\_\_

Date \_\_\_\_\_

I have advised this student and his/her parents or legal guardian of all the available options and responsibilities involved in the College Credit Plus program. I acknowledge that I have received the student's intent to participate form and have discussed with the student academic eligibility and high school graduation requirements. I am authorizing this student to register or drop the courses indicated on this form.

Signature of High School Counselor \_\_\_\_\_

Date \_\_\_\_\_

College Use Only	
Initials	Date