

CCP students must complete this form with their guidance counselor each semester and whenever there is a change to their schedule. Include all CCP courses (including high-school based) and retain a copy for your records. Students wishing to meet with an Edison State CCP advisor to select classes may make an appointment by calling 937-778-8600 (Piqua) or 937-548-5546 (Darke County).

Registration forms may be submitted through the high school guidance counselor, at Student Affairs on the Piqua or Darke County campuses, or via email [CCP@edisonohio.edu](mailto:CCP@edisonohio.edu). For additional information visit [www.edisonohio.edu/ccp](http://www.edisonohio.edu/ccp).

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

**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:

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 \_\_\_\_\_ = \_\_\_\_\_

Students will be billed by Edison State the current standard tuition rate for the entire course(s) which surpass the limit.

**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 State Help Desk at 937-778-8600.**

Please use a separate form for each semester.														Please mark the <u>CURRENT</u> Semester Only					
	Course	Number	Section	Term	Hr	M	T	W	R	F	S	HS or ESCC		Start Time	End Time	Sum-mer	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)**

	Course	Number	Section	Term	Hr	Comments:
1						
2						
3						
4						
5						

I understand that I may be financially responsible to the school district for associated costs related to any course withdrawn or not successfully completed. I understand that if I exceed state-provided funding, I/my parents will be billed by Edison State the current standard tuition rate for the entire course(s) which surpass the limit. I agree to adhere to Edison State Student Code of Conduct, in addition to academic and general college policies as outlined in the Student Handbook and CCP State Legislation.

\_\_\_\_\_  
**Signature of Student** Date

I have advised this student of the responsibilities involved with the participation in the College Credit Plus 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 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