

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.
For additional information visit www.edisonohio.edu/ccp.

Course, Number, and Section must be indicated and can be found at www.edisonohio.edu/searchclasses.
If you need assistance with Web Advisor, contact the Edison State Help Desk at 937-778-7957.

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	Location	Start Time	End Time	Summer	Fall	Spring	Full Year	
1																			
2																			
3																			
4																			
5																			
ex	ENG	121S	001FS	2020FS	3			X		X		Troy	10:30 A.M.	11:45 A.M.			X		

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

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

REGISTRATION ---- FOR OFFICE USE ONLY

By	Date	E-mail

CCP students must complete and submit this form for each semester of participation. Guidance counselor authorization is required for any schedule changes. Include all CCP courses and retain a copy for your records. Students seeking registration assistance may schedule an advising appointment on campus by calling 937-778-8600 (Piqua), 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:

A) Non-CCP units student is taking at the high school (___ x 3) = ___

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.

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understand that I may be financially responsible to the school district for all associated costs related to any course withdrawn or not successfully completed.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 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'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 comments section. I authorize this student to register or drop the courses indicated on this form.

High School Counselor Signature

Date