

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, at the Edison Piqua Campus; or Rachel Carlisle, rcarlisle@edisonohio.edu and Rhonda Rich, r-rich@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. 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)

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

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. 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