

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. For additional information visit www.edisonohio.edu/College-Credit-Plus/.

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 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)

1	2	3	4	5	Comments:

I understand that I may be financially responsible to the school district for associated costs related to any course withdrawn or not successfully completed.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 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