

VANCE-GRANVILLE COMMUNITY COLLEGE

CCP High School Student Registration Form

Student ID # **Last** **First** **Middle**

Major: College Transfer **Term:** Fall Spring Summer Year: _____
 (Check all Pathway
 that apply.) CTE Pathway
 Early College

Course ID # (5 digits)	Course Prefix/Number	Sec	Course Title	Cr	Time	Days
TOTAL			CREDIT HOURS			

TOTAL HOURS _____

**** IMPORTANT - PLEASE READ CAREFULLY ****

When you register for classes you have made a written commitment to attend. If you decide not to attend classes you must officially drop or withdraw from your classes to ensure that you will not receive a negative grade on your transcript. Officially dropping or withdrawing from classes is a written process that cannot be completed by telephone or voice mail. You should keep your copy of all forms or correspondence for your records.

Student Signature

Date

I, the advisor or counselor, verify that this student has met all the required prerequisites to enroll in the classes listed on this registration form.

Advisor/High School or College Counselor Signature

Date