VANCE-GRANVILLE COMMUNITY COLLEGE

CCP High School Student Registration Form

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

Major: *(Check all that apply.)*
- ❑ College Transfer Pathway
- ❑ CTE Pathway
- ❑ Early College

Term: ❑ Fall ❑ Spring ❑ Summer Year: _____

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 committment 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

White: Records Office Copy Yellow: Student Copy Pink: Advisor Copy

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