VGCC Student ID#		Last	First	First		MI	
Term:	Fall	Spring	Summer Year:				
Pathway:	College Trans CTE/Workfo Early College	rce Continui	ing Education				
Course ID#	Course Prefix/Number	Section	Course Title	Cr Hrs.	Time	Day(s)	
	1		TOTAL CREDIT HOURS				
sections above Course ID#		Section	sections, within the same pathway, shou Course Title	Cr Hrs.	Time	Day(s)	
	**	IMPORT A	ANT - PLEASE READ CAREI	FULLY **	•		
drop or withdrawing	lraw from your classes	s to ensure th n process that	ritten commitment to attend. If you dec at you will not receive a negative grac t cannot be completed by telephone or	le on your t	transcript. Off	icially dropping or	
Student Signature			Date				
I, high school	Principal or Designee	, verify that tl	nis student continues to make progress	toward hig	h school grad	uation.	
High School Pri	ncipal or Designee (Only	for College Tra	nsfer & CTE/Workforce) Date				
I verify that th	nis student has met all	the required	prerequisites, if any, to enroll in the co	urse(s) liste	d on this regi	stration form.	
CCP Advisor/ 1	NC Works Career Coach/	 Date					