

MASS REGISTRATION SHEET COLLEGE CREDIT PLUS PROGRAM

HIGH	HIGH SCHOOL NAME OF COUNSELOR							
COUR	RSE CODE	SECTION	_ DAYS/TIME					
Please	check which SEMESTER in	which you are enrolling:						
	Summer							
	Fall							
	Spring							

Last Name	First Name	Date of Birth	CCP GPA 2.0 or higher (Y/N)	Prerequisite Met (Y/N)



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PLEASE NOTE THAT STUDENTS WI	LL NOT BE SCHEDULED FOR	A COURSE UNLES	SS THEY HAVE	APPLIED,
BEEN ACCEPTED, HAVE MET ALL I	PREREQUISITES (INCLUDING	PLACEMENT TES	TING IF APPL	ICABLE), AND
THEIR SIGNATURE IS INCLUDED O	ON THIS FORM.			
This sheet should be returned to the				
scheduled, the student and high scho	ol counselor will receive a conf	irmation email onc	e registration i	s complete.
By signing, the high school guidance constudents. The consultation includes contand other applicable CCP guidelines.	_	-		
Only registered students, for which a corregistered may not attend. No changes		•		are not
The subject matter of a course enroll matter or materials, including those upon College Credit Plus enrollee pa	of a graphic, explicit, violent, o	r sexual nature, th	at will not be n	•
	School Counselor Sign	ature	 Date	