



COMPLETE IN ORDER TO BE REGISTERED

Please Check One:

First Course Request

Course Addition or Modification

Date this form was submitted to the CCP Office:

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*(This should also be the date you confirmed requested sections are open in WebAdvisor/ Self-Service.)*

### CCP Course Selection Form

Student ID#: \_\_\_\_\_ Name: \_\_\_\_\_

Term: Fall  Spring  Summer  Year: \_\_\_\_\_ Email: \_\_\_\_\_

Pathway Name(s): \_\_\_\_\_

Total Number of Courses Desired: \_\_\_\_\_

*\*The more seats available in a section at the time of submission, the greater the likelihood you will be registered for the requested course(s).*

Course Prefix	Course Number	Section Number	Course Title	Days	Times
Ex. ENG	111	4105	Writing and Inquiry	M,W,F	9-9:50 am

**Alternate Courses:** Please list alternate courses and section numbers in the event that your first choice courses/sections are closed. **Please list courses in order of priority!**

Course Prefix	Course Number	Section Number	Course Title	Days	Times

**Important:** By registering for classes you are making a commitment to attend. If you decide not to attend it is your responsibility to drop or withdraw from your course(s). A parent signature is not required for this form.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_