

**CCP Course Selection Form**

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

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

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

*Please list courses in order of priority!* **Total Number of Courses Desired:** \_\_\_\_\_

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.*

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: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

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