

Course Registration Instructions

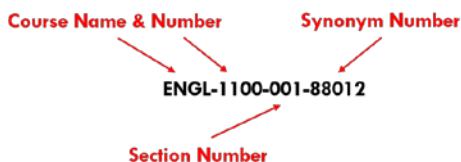
Step One: Review Course Offerings and Course Descriptions

1. Visit www.cscce.edu
2. Hover over "Programs & Courses"
3. Click on "[Course Descriptions and Courses](#)"
 - a. Unsure where to start or undecided on a program follow our [Associate of Arts/Associate of Science Degrees](#) paths, these are specifically designed for student looking to transfer to a four-year institution.
 - b. Still unsure, review our Commonly Suggest College Credit Plus Courses included in this document.
4. Review the courses you are interested in taking.
5. Write down the Department Name and Courses Name (See Picture Below) to search for sections in Step 2

Step Two: Select the Time and Day of your Courses

1. Visit www.cscce.edu
2. Hover over "Programs & Courses"
3. Click on "[Course Descriptions and Courses](#)"
4. Click on the appropriate Blue Box in the center of the page with the term you are interested in taking courses.
5. From here, "Select Subject" you are interested in and enter the course number.
 - a. Be sure to indicate which campus location you are interested in
 - b. Also indicate if you prefer Distance Learning (Online/Hybrid) Courses to appear in your results.
6. When you find the section that best fits his schedule (time/day) and learning style (In-person, Online/Blended) write down the following information to complete Step 3:
 - a. Course Name & Number;
 - b. Section Number;
 - c. Synonym Number.

****Note:** If there is a "0" under "Seats Avail" that indicates this course offering is currently closed.



SUBJECT SEARCH English (ENGL) Course Number 1100 Campus Maps

Options: Show All Locations Columbus Campus Delaware Campus Dublin Center Goodale/Electrical Trades Hide All Locations Marysville Early College Reynoldsburg Center Southwest (Bolton) South-Western (Grove City) Show Distance Learning Westerville Center

Select the location(s) you wish to include in the course listing.

Please note: "Hybrid" courses are now called "Blended" courses.

English (ENGL)	Course Name, Section, and Synonym Number	Course Title	Inst Meth	Days Offered	Meeting Time	Start Date	End Date	Cred Hours	Bldg Room	Location	Seats Avail	Faculty
ENGL-1099 is no longer available.												
If you were planning to take the ENGL-1100/1099 combination, this option is now available as a single course, ENGL-1101.												
	ENGL-1100-W31-93980 Web	Composition I	LE		00:00-00:00	5/30-7/23		3		Web	0	D Berlich
	ENGL-1100-001-91931	Composition I	LE	MWF	8:00-9:15 AM	5/30-6/13		3		Columbus	9	C Smith
	ENGL-1100-009-91939	Composition I	LE	MW	8:00-10:05 AM	5/30-6/13		3		Columbus	1	Not Assigned
	ENGL-1100-010-91955	Composition I	LE	MW	8:00-10:30 AM	5/30-7/23		3		Columbus	11	S Logan
	ENGL-1100-014-91945	Composition I	LE	TTTh	8:00-10:05 AM	5/30-6/13		3		Columbus	0	Not Assigned
	ENGL-1100-901-91965	Composition I	LE	TTTh	8:00-10:05 AM	5/30-6/13		3		Delaware	20	Z Dilbeck
	ENGL-1100-024-91952	Composition I	LE	S	8:00-12:05 PM	5/30-6/13		3		Columbus	7	Not Assigned
	ENGL-1100-004-93939	Composition I	LE	S	8:00-12:05 PM	5/30-6/13		3		Delaware	18	S Flatt

Step Three: Submit your Advising/Request for Registration Form

1. Fill in the Advising/Request for Registration Form with the information from Step 2
2. Complete the form by requesting the appropriate signatures that are required at the bottom of the page.
3. Email your Advising/Request for Registration Form to your CCP Academic Advisor or to cpcadvising@cscce.edu.
4. Also, be sure to complete and return the CSCC/CCP Registration Consent form included in this packet.

2018-19 College Credit Plus Consent Form

NOTE: This form must be completed, signed, and returned to Columbus State Community College prior to course registration. Please scan and email the completed form to ccpadvising@csc.edu.

PART I: STUDENT INFORMATION

Last name	First	Middle	Grade level (2018-19)
Cougar ID number	Phone	Parent/Guardian Name	
Address	City	State	Zip
Name of school		Anticipated high school graduation year	

PART II: PARENT/LEGAL GUARDIAN CONSENT TO PARTICIPATE

Parent/Guardian last name	First	MI	Relationship to student
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I hereby grant permission for my child to enroll in the College Credit Plus program at Columbus State Community College. I understand students at Columbus State who are minors have privacy rights pursuant to FERPA and that student record information is not disclosed to parents or guardians without the expressed written consent of the student.

Parent/Guardian signature	Date
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PART III: SCHOOL OFFICIAL (to be completed by school counselor or principal)

In accordance with ORC 3365.03(A)(1), please provide the following information:

In preparation for the student's enrollment in College Credit Plus at Columbus State, I acknowledge I have discussed the academic eligibility requirements with the student and his/her parents or legal guardian. I certify that the student's grade point average provided below is accurate as of the date this form is submitted.

Student's cumulative high school GPA: _____

School counselor/Principal name (please print)

In the event this student's test scores are within one standard error of measurement of the Assessment Threshold score as defined by the state of Ohio, do you recommend this student for participation in the College Credit Plus program at Columbus State Community College?

YES _____ NO _____
(please initial next to selected response)

School counselor/Principal signature	Date
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IMPORTANT INFORMATION REGARDING PARTICIPATION IN COLLEGE CREDIT PLUS AT COLUMBUS STATE COMMUNITY COLLEGE

- Completion of this consent form does not guarantee admission to a specific program or course. Students must meet course placement and/or prerequisite for ALL courses.
- This is not a course registration form. This form authorizes your student to register for Columbus State dual credit course(s). Registration for courses taken at the high school will be determined by registration forms submitted by the high school. Students taking courses on campus or online will register through their College Credit Plus advisor at Columbus State.
- Courses will become a part of the student's permanent academic record and will be included on the high school transcript and calculated in the high school grade point average.
- Courses taken for high school graduation credit may impact student's ability to graduate high school.
- If student fails a course and/or withdraws after the Last Day for College Credit Plus students to drop course(s) with no financial penalty, the school district may bill the family for the cost of attendance. A student may withdraw from a class prior to the college's withdrawal date and receive a "W" on the college transcript, which will not affect the college GPA. Students who wish to drop a college class should consult with their School Counselor and/or College Academic Advisor before doing so.
- Parents are not permitted to attend courses with students unless the parent is registered for the course as a paying student.
- If student is taking course(s) at a Columbus State campus or regional learning center, the student may be in class with adults who come from a variety of backgrounds, ages, and criminal histories.
- Student may be required to interact with classmates on group work and projects inside and outside of the classroom.
- The subject matter of the course may include mature themes and materials and will not be modified based upon College Credit Plus student participation.
- If the student has a documented disability, it is the student's responsibility to request necessary accommodations through the college's Office of Disability Services in order to receive services deemed appropriate for the student. Information is available at <https://www.csc.edu/services/disability/>.
- Student may not register for more hours than indicated by the school counselor/principal, in alignment with state regulations. If student registers for more than allotted hours, the family will be billed by Columbus State Community College for all tuition and fees associated with those hours and/or courses.
- All communication regarding your student must be handled through the College Credit Plus office and your child's school counselor, in compliance with the Family Educational Rights and Privacy Act (FERPA). Parents should never contact instructor(s) regarding student progress, attendance, assignments, etc.
- Student may be asked to complete a course evaluation at the end of course.

ADVISING & REGISTRATION REQUEST FORM

Academic Year _____ Returning Dual Credit Student New Dual Credit Student
 Summer Autumn Spring

Print Student's Full Name _____ Cougar ID# _____

School Name: _____ School Counselor's Name: _____

Please Note:

- Incomplete Forms (i.e. missing Maximum Credit Hours and requested signatures) will not be processed and students will be ineligible to receive their textbooks.
- Photos of this form and electronic signatures will not be accepted.
- Forms may be submitted in-person or emailed (ccpadvising@csc.edu) (PDF files will only be accepted) to a Dual Credit Advisor.
- Students seeking to make schedule changes must submit a new completed form at the time of the request.

Student's Maximum Credit Hours (To be completed by the School Counselor or Principal Only):

1. Place the number of Carnegie Units a student is taking during the academic year on line (a).
2. Multiply the number on line (a) by 3 to complete line (b).
3. Subtract line (b) from 30, giving students the total number of semester hours available (c) for which they will receive funding for this academic year (Summer/Autumn/Spring).

(a) _____ X3 = (b) _____ then 30 - (b) _____ = (c) _____ Counselors please initial once completed: _____

If maximum credit hours are not listed, registration will not be completed

Class Name	Section #	Synonym #	Cred Hrs.	Course Title	Graduation Requirement Equivalent (To be completed by the School Counselor)
<i>Example: ENGL 1100</i>	<i>001</i>	<i>88012</i>	<i>3</i>	<i>Composition I</i>	<i>English 12</i>

Total Credit Hours _____

Student's Name (Print) _____ Signature _____ Date _____

Parent's/Guardian's Name (Print) _____ Signature _____ Date _____

High/Middle School Representative's Name (Print) _____ Signature _____ Date _____

REGISTRATION – OFFICE USE ONLY

Entered By	Date	Type of Reg.		Comments	Supporting Documents	
		Phone			Registration Consent	
		Email			SSID #	
		In-Person			Max Hours	