

Dual Enrollment Student Schedule/Registration Form

Semester	Year
<input type="checkbox"/> Fall	_____
<input type="checkbox"/> Spring	_____
<input type="checkbox"/> Summer	_____

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CCC Student ID Number

Name: _____ Phone Number: _____
Last Name *First Name*

Address: _____
Street Address *City* *State* *Zip*

High School: CCTEC Paperwork Deadline: _____

Dept	Course#	Section	Course Name	Credits	Instructor
Total Credits=					

Signature required below

I understand that the above courses will appear permanently on my transcript at Cumberland County College and that I am responsible for making all schedule changes through my Guidance Office according to established deadlines. I understand that while these courses are fully accredited, there is no guarantee of transfer and it is my responsibility to determine transferability to other colleges on my own. I am aware of the college's Academic Integrity Policy and agree to the standards and penalties set forth in that policy.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Contact Information:

Please direct any other questions you may have to Mario Olsen at molsen@cctecnj.org or 451-9000 ext. 2103.