

COURSE REGISTRATION FORM

All boxes must be filled out before submission.

Student Last Name	Student First Name	Rhodes State ID
High School / Career Center	Current Grade	School Counselor Name
		Rhodes State Email Address

PLEASE USE A SEPARATE FORM FOR EACH SEMESTER and SCHEDULE CHANGE Course, number, section and term must be indicated. Search for courses online at Select Term or Date Range						<i>* Section numbers 100–199: On campus, in person classes</i> <i>Section numbers 900–949: Fully online classes</i> <i>Section numbers 950–959: Hybrid classes (part online, part on campus or Zoom)</i>			Select Semester <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Spring	
Ex	CRN (5 digits)	Course	Number	Section # (3 digits) *	Credit Hrs.	Course Title	On-Campus or On-line? • Day and Time	✓ Box for Option A Self-Pay	Notes	
Ex	20201	COM	1110	100	3	English Composition	On-Campus, M 12:30:45			
1										
2										
3										
4										
5										
DROP CLASSES (complete this section to drop or withdraw from registered courses) – Deadlines can be found at Important Dates Rhodes State College										
1										
2										
3										

- **NOTE:** For on-line classes, you will be moved to the next available section if your selected section is full.

By signing, I acknowledge and accept my enrollment in these courses. I understand that I may be financially responsible to the school district for all associated costs related to any course withdrawn or not successfully completed.

Student Signature (required)	Date
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I authorize this student to register or drop the courses indicated on this form.

School Counselor or Rhodes State CCP Pathway Advisor Signature	Date
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For additional information, contact your CCP Pathway Advisor: [K-12 Partnerships | Rhodes State College](#)

Entered by:		
	<i>Initials</i>	<i>Date</i>