

2026/2027 COURSE REGISTRATION FORM

All boxes must be filled out before submission.

Student Last Name

Student First Name

Rhodes State ID

High School / Career Center

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								✓ To indicate Semester			
	CRN (5 digits)	Course	Number	Section # (3 digits) *	Credit Hrs.	Course Title	On Campus? Day and Time	Summer (May)	Fall (August)	Spring (January)	✓ Box for Option A Self-Pay
Ex	20201	COM	1110	100	3	English Composition	M 12:301:45		✓		
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 below, I verify that I possess the necessary social and emotional maturity to participate in the CCP program AND that I am ready to accept the responsibility and independence that a college classroom demands. 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understand that I may be financially responsible to the school district for all associated costs related to any course withdrawn or not successfully completed.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

I have advised this student of the responsibilities involved with the participation in the CCP program. I acknowledge that I have received the student's Letter of Intent and have discussed with the student academic eligibility and high school graduation requirements. I authorize this student to register or drop the courses indicated on this form.

School Counselor Signature (required)

Date

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