



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](#)

** Section numbers 100–199: On campus, in person classes*

Section numbers 900–949: Fully online classes

Section numbers 950–959: Hybrid classes (part online, part on campus or Zoom)

Select Semester

☐ Summer

☐ Fall

☐ Spring

	CRN (5 digits)	Subject	Course	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 12:301:45		
1									
2									
3									
4									
5									
DROP CLASSES (complete this section to drop or withdraw from registered courses)									
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understand that I may be financially responsible to the school district for all associated costs related to any course withdrawn or not successfully completed.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

I authorize this student to register or drop the courses indicated on this form.

School Counselor or Rhodes State CCP Pathway Advisor Signature

Date

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

Entered by:

Initials

Date