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| Office Use Only: |
| ICC Student ID: _____ |
| Academic Year: _____ |

ICC Registration Request Form

(Completion of this form does not guarantee enrollment in the requested courses through ICC.)

Name: (Last) _____ (First) _____ Date of Birth: ____/____/____
 Grade Level When Term Begins: _____ High School: _____ UGPA: _____
 Student Phone #: _____ Term: _____ *Pathway Code: _____

Notes:

| | Course Prefix | Course Number | Section Number | Day/Time | Status | Course Start Date |
|----------------------------|---------------|---------------|----------------|----------|--------|-------------------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| | | | | | | |
| Alternates/Changes: | | | | | | |
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |

Student Signature _____ **Date** _____

Your signature on this form acknowledges your agreement to adhere to the enrollment guidelines and student responsibilities as an Isothermal Community College student. By signing, you approve of the schedule above, and have discussed your career/educational/and transfer goals with your CCP advisor.

Principal/Designee Signature _____ **Date** _____

Your signature certifies that this student meets the eligibility requirements for the CCP pathway chosen, is making progress towards high school graduation, and the required paperwork has been submitted.

- Check if all courses listed above are required for the student's pathway(s).
 If not, a pathway adjustment form should be completed to reflect student's career goals or document student has completed a pathway and continuing on to take additional courses.

ICC College Liaison Signature _____ **Date** _____