



# Early College Credit Program (ECCP) Course Registration Form

Student Name: \_\_\_\_\_

High School: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

UWSP Campus (Main, Marshfield, Wausau): \_\_\_\_\_

**Select the appropriate semester**

- Fall Semester \_\_\_\_\_ (year)
- Spring Semester \_\_\_\_\_ (year)
- Summer \_\_\_\_\_ (year)

**This form is due by:**

- Fall Session: July 1<sup>st</sup>
- Spring Session: December 1<sup>st</sup>
- Summer Session: March 1<sup>st</sup>

**Registration starts:**

- First week in August
- First week in January
- Mid – late March

Please list your final course choices you would like to be registered for. The ECCP Coordinator will register you for the course, if seats are available, when registration begins.

Subject	Course Number	5 digit Class Number	Section Number	Credits (Units)	Days the Class Meets	Start time - End time

I certify that my school district has approved the above course(s) and that I have submitted the appropriate documentation to meet the prerequisites. If the prerequisite has not been satisfied, I understand that I will not be enrolled in the course.

I understand that I will be responsible for the cost of tuition, fees and books as well as any penalties for late payment for any non-approved courses.

I understand that I will be responsible for any cost associated with dropping the course(s) that I have requested.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian/Foster Parent Signature \_\_\_\_\_  
(Required if student is under 18 years old)

Date: \_\_\_\_\_

Return the completed form to:  
Angela Schmidt – Early College Credit Program Coordinator  
UW-Stevens Point at Marshfield  
2000 West 5<sup>th</sup> Street Marshfield, WI 54449  
Fax: 715-898-6012  
Email: aschmidt@uwsp.edu