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 1st
Spring Session: December 1st
Summer Session: March 1st

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.

<table>
<thead>
<tr>
<th>Subject</th>
<th>Course Number</th>
<th>5 digit Class Number</th>
<th>Section Number</th>
<th>Credits (Units)</th>
<th>Days the Class Meets</th>
<th>Start time - End time</th>
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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 5th Street Marshfield, WI 54449
Fax: 715-898-6012
Email: aschmidt@uwsp.edu