

**For EICC College Use:**  
 EICC College Student ID #: \_\_\_\_\_  
 Term: FA \_\_\_ SP \_\_\_  
 \_\_\_ Application Received  
 \_\_\_ Test Scores Approved  
 \_\_\_ Business Office Approval  
 Orientation Date: \_\_\_\_\_

**College Connection Individual Registration (CCIR) Program**

**Step 1 (Completed by the Student)**

**Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_  
First (Legal First Name) Middle Initial Last

**Address** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Telephone #** (\_\_\_\_) \_\_\_\_\_ – \_\_\_\_\_ **Personal E-mail Address** \_\_\_\_\_  
Please provide your personal email. The email will be used for course access and is part of your college record.

**High School** \_\_\_\_\_ **Anticipated HS Graduation Year** \_\_\_\_\_

**CCIR Registration (college campus)**

Computer # (ex. 123456)	Catalog # (ex. ABC 123)	Course Name	Time/Day (include lab times if appropriate)	Location (Building Room)	EICC Credit Hours

**Online (class online)**

Catalog # (ex. ABC 123)	Course Name	Dates (16 wks, 1 <sup>st</sup> 8 wks, 2 <sup>nd</sup> 8 wks)	EICC Credit Hours

I understand the school district accepts financial responsibility to the college for my tuition and fees in the CCIR course(s) listed above. My high school will send my educational records (i.e. high school transcript, ACT scores, etc.) to EICC to determine appropriate enrollment into the course(s) above. My EICC records, (i.e. midterm & final grade(s), etc.) related to the course(s) above, will be sent to the high school. I am aware the start/end dates, enrollment deadlines, and class times may be different from my high school's schedule.

My signature below indicates that I have read the aforementioned paragraph and that I understand, and agree, to the responsibilities and expectations regarding the CCIR course(s).

\_\_\_\_\_  
**Signature of Student** **Date**

\_\_\_\_\_  
**Signature of Parent/Guardian** **Date**  
 (Required if student is under 18)

**Step 2 (Completed by the School District)**

Name of High School \_\_\_\_\_

High School Contact \_\_\_\_\_

Title \_\_\_\_\_

Telephone # ( \_\_\_\_\_ ) \_\_\_\_\_ – \_\_\_\_\_ E-mail \_\_\_\_\_

I certify that the above-named student information is accurate. The student is eligible for participation in the course(s) listed above. The high school district accepts financial responsibility for the student's tuition and course fees including materials and electronic content, and we are aware of the start/end dates, enrollment deadlines, and times, of the CCIR course(s) listed above. The high school has submitted the student's educational records to the college for appropriate CCIR course(s) placement.

\_\_\_\_\_  
**Signature of School Representative**

\_\_\_\_\_  
**Date**

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**Step 3 (Completed by EICC)**

EICC Student ID: \_\_\_\_\_

\_\_\_\_\_ The student identified in Step 1 has been registered in the course(s) identified above.

\_\_\_\_\_  
**Signature of EICC Representative**

\_\_\_\_\_  
**Date**

Updated 07/22/2019

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