A-State Concurrent Enrollment Program

Roster Correction Form

Spring 2024

Initial Check (4th day)
Second Check (9th day)
Final Check* (12th day)

Instructor _____

School _____

CRN	Course		Class Period (if applicable)

FOR OFFICE USE ONLY
Signed/dated final roster rec'd _____

1. Please use a separate form for *each* of your A-State Concurrent Enrollment Program courses that needs enrollment changes.
2. Rosters should be checked on the following dates:

Initial Check Date	Second Check Date	Final Check Date*
Tues. Aug.22th, 2023	Wed, Aug. 30th, 2023	Fri, Sept. 1st, 2023
NO ROSTER NEEDED	**NO ROSTER NEEDED**	**SIGNED AND DATED ROSTER REQUIRED**
FOURTH DAY OF CLASS	**NINTH DAY OF CLASS**	**TWELTH DAY OF CLASS** • If changes aren't made by this date, students will be charged for courses they don't want. • No roster changes can occur after this date except through course withdrawal. • Please use the CEP Course Drop form for withdrawals.

*Please print, sign and date a copy of your FINAL roster and include with the FINAL Roster Correction Form.

3. After checking your roster, please mark any of the following that apply:

As of _____, my high school roster matches the official A-State roster.

(date)

Please make the following course corrections:

These students should be *ADDED* to my roster

Name	ASU ID		Social Security	Score Verification(s)	Override?	Date Enrolled
			FOR OFFICE USE ONLY			

_____   _____   _____

Instructor Name   *Instructure Signature*   Date

PLEASE RETURN THIS FORM AND THE CORRESPONDING ROSTER (only required for final roster check)

TO YOUR HIGH SCHOOL COUNSELOR WHO WILL EMAIL IT TO

the Concurrent Enrollment Program at CEP@astate.edu.

*Revised
8-1-2023*