## A-State Early College Program

## Enrollment Form

## Fall 2024

Instructor: \_\_\_\_\_

School: \_\_\_\_\_

CRN	Course	Class Period (if applicable)

Please use a separate form for *each* of your A-State Early College Program courses that needs enrollment changes.

These students should be <b>ADDED</b> to the above CRN:			FOR OFFICE USE ONLY			
Name	ASU ID	Social Security #	Score Verification(s)	Permit	Date Enrolled	

Completed by Instructor or Counselor:

Name

Signature

Date

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

To Early College Programs at CEP@astate.edu.