

**A-State Concurrent Enrollment Program
Roster Correction Form
Spring 2021**

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

Instructor _____

School _____

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

CRN	Course		Class Period (if applicable)

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

Initial Check Date	Second Check Date	Final Check Date*
Friday, Jan 15, 2020	Friday, Jan 22, 2020	Wednesday, Jan 27, 2020
NO ROSTER NEEDED	NO ROSTER NEEDED	SIGNED AND DATED ROSTER REQUIRED
FOURTH DAY OF CLASS	NINTH DAY OF CLASS	TWELFTH DAY OF CLASS
		<ul style="list-style-type: none"> • 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.**

- 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		FOR OFFICE USE ONLY		
Name	ASU ID (if known)	Score Verification(s)	Override?	Date Enrolled

These students should be REMOVED from my roster		FOR OFFICE USE ONLY
Name	ASU ID (if known)	Date Dropped

Instructor Name

Instructor 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.**