

A-State Early College Program

Enrollment Form

Spring 2025

Instructor: _____

School: _____

CRN	Course		Class Period <i>(if applicable)</i>

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

These students should be **ADDED** to the above CRN:

<i>FOR OFFICE USE ONLY</i>					
Name	ASU ID	Social Security #	Score Verification(s)	Permit	Date Enrolled

Completed by Instructor or Counselor:

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

To Early College Programs at CEP@astate.edu.

Revised 9/20/24