

**A-State Early College Program**

**Enrollment Form**

**Fall 2025**

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

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

| <i>CRN</i> | <i>Course</i> |  | <i>Class Period<br/>(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><b>FOR OFFICE USE ONLY</b></i> |               |                      |
|-------------|---------------|--------------------------|-----------------------------------|---------------|----------------------|
| <i>Name</i> | <i>ASU ID</i> | <i>Social Security #</i> | <i>Score Verification(s)</i>      | <i>Permit</i> | <i>Date Enrolled</i> |
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Completed by Instructor or Counsler:

\_\_\_\_\_

*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.***