



For EICC College Use: EICC College Student ID #: _____ Term: FA ___ SP ___ ___ Application Received ___ Test Scores Approved ___ Business Office Approval Orientation Date: _____
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College Connection Individual Registration (CCIR) Program

Step 1 (Completed by the Student)

Name _____ Date of Birth ____/____/____
First (Legal First Name) Middle Initial Last

Address _____
(Street) (City) (State) (Zip)

Telephone # (____) _____ – _____ Personal E-mail Address _____
Please provide your personal email. The email will be used for course access and is part of your college record.

High School _____ Anticipated HS Graduation Year _____

CCIR Registration (college campus)

Computer # (ex. 123456)	Catalog # (ex. ABC 123)	Course Name	Time/Day (include lab times if appropriate)	Location (Building Room)	EICC Credit Hours

Online (class online)

Catalog # (ex. ABC 123)	Course Name	Dates (16 wks, 1 st 8 wks, 2 nd 8 wks)	EICC Credit Hours

I understand the school district accepts financial responsibility to the college for my tuition and fees in the CCIR course(s) listed above. My high school will send my educational records (i.e. high school transcript, ACT scores, etc.) to EICC to determine appropriate enrollment into the course(s) above. My EICC records, (i.e. midterm & final grade(s), etc.) related to the course(s) above, will be sent to the high school. I am aware the start/end dates, enrollment deadlines, and class times may be different from my high school’s schedule.

My signature below indicates that I have read the aforementioned paragraph and that I understand, and agree, to the responsibilities and expectations regarding the CCIR course(s).

Signature of Student **Date**

Signature of Parent/Guardian **Date**
 (Required if student is under 18)

Students are encouraged to speak to both their High School Counselor and an EICC Academic Advisor to determine course eligibility early in the registration process.

Step 2 (Completed by the School District)

Name of High School _____

High School Contact _____

Title _____

Telephone # (_____) _____ – _____ E-mail _____

I certify that the above-named student information is accurate. The student is eligible for participation in the course(s) listed above. The high school district accepts financial responsibility for the student's tuition and course fees including materials and electronic content, and we are aware of the start/end dates, enrollment deadlines, and times, of the CCIR course(s) listed above. The high school has submitted the student's educational records to the college for appropriate CCIR course(s) placement.

Signature of School Representative

Date

Step 3 (Completed by EICC)

EICC Student ID: _____

_____ The student identified in Step 1 has been registered in the course(s) identified above.

Signature of EICC Representative

Date

Updated 03/07/22019

It is the policy of Eastern Iowa Community Colleges not to discriminate on the basis of race, color, national origin, sex, disability, age (employment), sexual orientation, gender identity, creed, religion, and actual or potential parental, family or marital status in its programs, activities, or employment practices as required by the Iowa Code §§ 216.6 and 216.9, Titles VI and VII of the Civil Rights Act of 1964 (42 U.S.C. §§ 2000d and 2000e), the Equal Pay Act of 1973 (29 U.S.C. § 206, et seq.) Title IX (Educational Amendments, 20 U.S.C. §§ 1681 - 1688), Section 504 (Rehabilitation Act of 1973, 29 U.S.C. § 794), and Title II of the Americans with Disabilities Act (42 U.S.C. § 12101, et seq.).

If you have questions or complaints related to compliance with the policy, please contact Debora J. Sullivan, Equity Coordinator, 306 W. River Drive, Davenport, Iowa 52801, 563/336-3487, djsullivan@eicc.edu or the Director of the Office for Civil Rights, U.S. Department of Education, Citigroup Center, 500 West Madison, Suite 1475, Chicago, IL 60661, phone number 312/730-1560, fax 312/730-1576.