



CONCURRENT ENROLLMENT PROGRAM (CEP) REGISTRATION FORM

973.300.2223 | cep@sussex.edu

PLEASE PRINT

Student ID # _____

Month/Day/Year _____

Last Name _____

First Name _____

MI _____

Address _____

City and State _____

Zip _____

County of Legal Residence _____

Phone Number _____

Alternate Number _____

Email _____

Name of High School _____

Semester Year _____
(check one)

FALL SPRING

Have you previously taken
Concurrent Enrollment
courses through Sussex?

Yes No

Check if your address has changed. SOCIAL SECURITY NUMBER: _____ - _____ - _____

| COURSE CODE | COURSE NUMBER | SECTION NUMBER | COURSE NAME | CREDITS |
|-------------|---------------|----------------|----------------------|---------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | TOTAL CREDITS | |

STUDENTS: *I have read, understand, and agree to the above policies and requirements.*

Student Signature: _____ Date: _____

High School: _____

PARENTS: *If student is under the age of 18, the parents must sign.*

Parent/Guardian Signature: _____ Date: _____

Cost per course is as follows:

1 credit course - \$75 2 credit course - \$150 3 credit courses - \$225 4 credit course - \$300

**For additional questions contact
Julie Fliegel, CEP Coordinator | cep@sussex.edu**