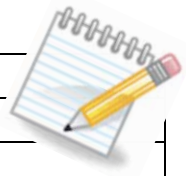
SCIDES Student Course Selection ***2008/09***

Re-registration only

A. CONTACT INFORMATION

Name:	Phone: (h) (w)
Mailing Address:	Cell:
	Email:
	Other:

B. CURRENTLY-ENROLLED COURSE PLANS: *(status report attached)*



Course Name	Continuing ✓	Quit course *(give brief reason please)*

C. COURSES BEING REQUESTED: *(course offering list attached – include 1st assignments for requested courses)*

Course Name	Send course **NOW** ✓	Send course **SEPT 2008** ✓	Planned for later this year ✓

D. COURSES BEING TAKEN ELSEWHERE: *(currently enrolled or planned for 2008/09)*

Course Name	School/Program Name

Student and legal guardian confirm their commitment to working with SCIDES in completing the above coursework in a timely manner.

_____ _____

Student Signature Date Parent/Guardian Signature Date