Rowan-Cabarrus Community College

Learn & Earn Online Registration Form

www.rowancabarrus.edu ◊ 704-788-3197

Name _____
Last First Middle

Mailing Address _____
Street/ P.O. Box

_____
City State Zip Code

Social Security # (used for student I.D. purposes only) _____ or CIS ID#_____

Phone (Home) _____ Date of Birth _____

(Cell) _____

Email _____

High School _____ Expected Date of Graduation _____

Prior Enrollment at RCCC ☐ Yes ☐ No (RCCC ID#_____) Current Grade 9 10 11 12
Course(s) taken:_____ ☐ ☐ ☐ ☐

Test Scores:

COMPASS: Writing_____ Reading_____ Pre-Algebra_____ Algebra___ SAT: CR____ Writing____ Math____

Technical Proficiency Exam: _____

Fall	Requested Online Course	Spring
_____ RCCC Course name and Number	Please check course description for prerequisites. Visit this link: www.rowancabarrus.edu/catalog	_____ RCCC Course name and Number
_____ RCCC Course name and Number		_____ RCCC Course name and Number

Students with Disabilities:

RCCC abides by Section 504 of the Rehabilitation Act of 1973 which mandates reasonable accommodations be provided for qualified students with disabilities. If you have a disability and may require some type of instructional and/or testing accommodation, please contact Disability Services early in the semester. If you have not already done so, you will need to register with the Disability Services Office – the designated office on campus to provide services and administer tests with accommodations for students with disabilities. The DSO is located in Building 1000 at Student Services, 704-216-3637. IT IS THE STUDENT'S RESPONSIBILITY TO INFORM THE COLLEGE OF A DISABILITY.

I certify the information above is accurate. I understand as a Learn & Earn Online student that I must abide by RCCC policies. I agree as a high school student, regardless of my age, RCCC may release my information regarding my enrollment, academic progress, discipline matters or attendance to my high school counselors. I also give permission by the signature below, for my Learn & Earn Online instructors to discuss my educational progress and class participation with my parents or legal guardian.

_____ _____
Student Signature Date

_____ _____
Parent/Guardian Signature Date

_____ _____
High School Guidance Counselor or Designee-Signature Date

_____ _____
High School Name Contact Number