

CHALLENGER REGISTRATION FORM

Office of Records & Registration ◆ 973-328-5200

Continuing Challenger Students must submit the Registration Form in-person to the Office of Records & Registration. The Guidance Counselor signature is not required for continuing Challenger Students. □ Fall □ Winterim □ Spring □ Summer Year: CCM Student ID: Last Name First Name MI Date of Birth: ___ **Course Selection** Section Title Time Credits Days (EXAMPLE) Composition 1 804111 Wed. Fri 8:30 - 9:45 3 TOTAL CREDITS Alternate Course Selection (strongly recommended) Title Section Time Credits Days (EXAMPLE) Composition 1 804111 Wed, Fri 8:30 - 9:45 3 TOTAL CREDITS If your course of interest requires a prerequisite, please indicate how it has been satisfied: □ College Course Completion - Where was this course taken?: _____ □ Attach a waiver form from the academic department. ☐ Testing; please indicate date: College Placement Test: _____ College Level Math (CLM) Test: _____ Academic Dean/Department Chairperson Signature (required for students age 15 or younger) Applicant's Signature: _____ Date: _____