Foundational Skills Institute
Confluence – Room 403
Campus Box 204
P.O. Box 173363
Denver, CO 80217
Fax: 303-556-2171
Phone: 303-556-3805

COMMUNITY COLLEGE OF DENVER

Re-enrollment Form for Current Students
_____to _____

Name: _____ _____ _____
First M.I. Last

S#: S_____ **Phone #:** _____

Email: _____

I affirm that I have read, understand, and agree to this form in its entirety and that the information supplied is true and complete.

Student: _____ _____ _____
Print Name Signature Date

Class Attending: _____ **Start Date:** _____

This form should be completed by _____and given to your teacher. **If this form is not completed and turned in, you are not enrolled for the _____session and will not be able to attend classes in_____.**

List the *scores* for the GED tests and the *dates* of the GED tests you have taken.

Give the *projected* dates for the remaining GED tests:

Discuss your attendance with the teacher; he/she will initial the correct blank:

_____ 3 or Fewer than 3 unexcused tardies/absences

_____ More than 3 unexcused tardies/absences

Internal Use Only

_____ Scholarship Awarded (attendance was regular and sufficient progress was made toward GED).

_____ Partial Scholarship Awarded: _____balance due on or before_____.
(You will be notified of your full or partial scholarship)

_____ Re-enrollment based on the following conditions: _____

_____