For EICC College Use:
EICC College Student ID #:_____
Term: Summer 2026
____ Application Received
____ Test Scores Approved
____ Business Office Approval
Orientation Date:_____

THE Community's College
EASTERN IOWA COMMUNITY COLLEGES
CLINTON • MUSCATINE • SCOTT

College Connections Summer Registration

Step 1 (Completed by the Student)

Name _____ **Date of Birth** _____/_____/_____
First (Legal First Name) Middle Initial Last

Address _____
(Street) (City) (State) (Zip)

Telephone # (____) _____–_____ **Personal E-mail Address** _____
Please provide your personal email. The email will be used for course access and is part of your college record.

High School _____ **Anticipated HS Graduation Year**_____

I understand the "Summer College Connections Program" is fully funded by Eastern Iowa Community Colleges including tuition, books and course materials. I understand that my signature allows a copy of my high school transcript to be forwarded to EICC upon admittance to the class(es) listed below. A copy of my EICC grades will be forwarded to the School District at the completion of the term. I am aware of the start/end dates, enrollment deadlines, and class times. I understand the summer courses may be offered in an accelerated format and my attendance and participation at all class times is critical to my success. I understand I am responsible for my transportation to the college classes and clinical sites. My signature below indicates that I have read the aforementioned paragraph and that I understand, and agree, to the responsibilities and expectations regarding the CCIR summer course(s).

_____ _____ _____
Signature of Student **Date** **Signature of Parent/Guardian (required if student is under 18)**

Email completed registration forms to sjbuckingham@eicc.edu

Check box for class(es) registering for	**Computer #** (ex. 123456)	**Catalog #** (ex. ABC 123)	**Course Name**	**Time/Day** (include lab times if appropriate)	**Location** (Online or Building)	**EICC Credit Hours**
☐	241563	AUT-125-SHS91	Career Exploration in the Transportation Ind.	Tue & Thurs 7:00am-8:00am 6/8/26-7/30/26	SCC BELM 3104	1
☐	241564	BUS-102-SHS91	Intro to Business	Mon & Wed 9:00am-12:00pm 6/8/26-7/30/26	SCC BELM 1400/Online	3

☐	241565	BUS-102-SHS92	Intro to Business	Mon & Wed 1:00pm-4:00pm 6/8/26-7/30/26	SCC BELM 1400/Online	3
☐	241566	CAD-140-SHS91	Para Solid Modeling	Tues & Thurs 10:00am-12:30pm 6/8/26-7/17/26	SCC BTC 211	3
☐	241567	CSC-110-CHS91	Intro to Computers	Tues & Thurs 9:00am-12:00pm 6/8/26-7/30/26	DCAC 306/Online	3
☐	241569	ENG-105-DHS91	Composition I	Online 6/8/26-7/30/26	Online	3
☐	241572	HSC-113-DHS92	Medical Terminology	Online 6/8/26-7/30/26	Online	2
☐	241578	HSC-172-CHS91	CNA	Mon-Thurs 8:00am-12:30pm 6/8/26-6/25/26; Mon-Thurs 6:00am-2:00pm 6/29/26-7/2/26	DCAC 308/Clinical Site	3
☐	241581	MAT-104-SHS91	Applied Math Topics	Tues & Thurs 1:30pm-4:30pm 6/8/26-7/30/26	SCC BTC 211/Online	3
☐	241582	MFG-106-DHS91	Workplace Safety	Online 6/8/26-7/30/26	Online	3
☐	241583	PSY-111-DHS91	Intro to Psychology	Online 6/8/26-7/30/26	Online	3
☐	241587	PSY-111-SHS92	Intro to Psychology	Tue & Thurs 11:40am-2:40pm 6/8/26-7/30/26	SCC BELM 1413	3
☐	241585	SDV-114-SHS91	Strategies for Academic Success	Mon & Wed 9:00am-12:00pm 06/8/26-7/30/26	SCC BELM 1411	3
☐	241586	SDV-114-SHS92	Strategies for Academic Success	Tue & Thurs 9:00am-12:00pm 06/8/26-7/30/26	SCC BELM 1411	3

<u>Step 2</u> (Completed by the School District)

Name of High School _____

High School Contact _____

Title _____

Telephone # (_____) _____–_____ **E-mail Address** _____

I certify that the above-named student information is accurate. The student is eligible for participation in the class(es) that I have indicated.

_____ _____

Signature of School Representative **Date**

<u>Step 3</u> (Completed by EICC)
EICC Student ID:_____

It is the policy of Eastern Iowa Community College District not to discriminate in its programs, activities, or employment on the basis of race, color, national origin, sex, disability, age, sexual orientation, gender identity, creed, religion, and actual or potential family, parental or marital status, as required by the Iowa Code §§216.6 and 216.9, Titles VI and VII of the Civil Rights Act of 1964 (42 U.S.C. §§ 2000d and 2000e), the Equal Pay Act of 1973 (29 U.S.C. § 206, et seq.), Title IX (Educational Amendments, 20 U.S.C. §§ 1681-1688), Section 504 (Rehabilitation Act of 1973, 29 U.S.C. § 794), and Title II of the Americans with Disabilities Act (42 U.S.C. § 12101, et seq.). If you have questions or complaints related to compliance with this policy, please contact EICC's Equal Employment Opportunity Officer/Equity Coordinator, Eastern Iowa Community College District, 101 West Third Street, Davenport, Iowa 52801, 563-336-5222, equity@eicc.edu or the Director of the Office for Civil Rights U.S. Department of Education, John C. Kluczynski Federal Building, 230 S. Dearborn Street, 37th Floor, Chicago, IL 60604-7204, Telephone: (312) 730-1560 Facsimile: (312) 730- 1576, TDD (800) 877-8339 Email: OCR.Chicago@ed.gov.

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I certify that the student identified in Step 1 has been registered in the class(es) identified above.

_____ _____

Signature of EICC Official **Date**

Form Updated: 3/9/26 sjb