CHAMPLAIN COLLEGE
Continuing Professional Studies

163 South Willard Street
PO Box 670, Burlington, VT 05402-0670 USA
(802) 865-5430 / Toll-free (888) 545-3459
Fax: (802) 865-6447
e-mail: cps@champlain.edu

CCV Articulation Intent to Enroll Form

PLEASE PRINT OR TYPE

I plan to take my first Champlain course in the: ❒ Fall ❒ Spring ❒ Summer semester of _____ (year)

I plan to take: *(Check all that apply:)*
❒ Day Courses ❒ Evening Courses
❒ Online Courses ❒ Accelerated Online Courses

INFORMATION ABOUT YOURSELF

1. ❒ Mr. ❒ Mrs. ❒ Miss ❒ Ms. 2. ❒ Male ❒ Female

3. Your Name: _____ (first/given) (middle initial) (last/family)

4. Other names which may appear in your academic records _____

5. Legal Address _____ (street) (town/city) (state) (zip)

6. Mailing Address (if different) _____ (street/PO box) (town/city) (state) (zip)

7. Home Phone ( ) _____ 8. Work Phone ( ) _____

9. Fax Number ( ) _____ 10. Cell Phone ( ) _____

11. Number you prefer to be contacted at: ❒ Home ❒ Work ❒ Cell

12. Birthdate (Month/Day/Year) _____

13. E-Mail _____

14. E-Mail Usage: ❒ Daily ❒ Weekly ❒ Seldom/Never

Employment Information

16. Employer _____ 17. Job Title _____

18. Mailing Address _____ (street/PO Box) (city) (state) (zip)

19. Type of Industry: _____

Please indicate the CCV Associates Degree program you are currently enrolled in, or have graduated from:

CCV Degree Enrolled In:	Champlain Degree Entering:
❒ Accounting AS	Accounting BS
❒ Business AS	Business BS
❒ Web Site Design and Administration AAS	Computer Information Systems BS
❒ Network Administration AS	Computer Information Systems BS
❒ Computer Systems Management AS	Computer Information Systems BS

Anticipated Date of CCV Graduation: _____