HSCP Course Enrollment Roster – Please list **ALL** students taking course for UMKC college credit.

Write or type next to the student's name the cumulative GPA/ACT score and obtain signatures for both lines.

A counselor/registrar MUST verify the GPA enrollment registration will not be processed without signature.

Email this course roster to umkchscptextbooks@umkc.edu

Course Number (5-digit)				
HSCP Instructor (please print)				
School Name				
	First Name	**Last Name**	**GPA**	**ACT score**
By signing below**, I verify the following students meet the 3.0/ACT eligibility requirements as prescribed by MDHE and NACEP. I recommend these students for enrollment in the UMKC course listed above.**				
Instructor Signature:				
Registrar/Counselor/ School Designee Signature:				