CHARLESTON SOUTHERN UNIVERSITY

REGISTRATION FORM

Last Name _____ First Name _____ Middle Initial _____

CSU I.D. # _____ Current Phone Number _____

Major or Program _____ Minor (if applicable) _____

Student-Athlete? yes or no

MAYMESTER COURSE I.D.	TITLE OF COURSE	CREDIT HOURS	TIME		DAYS					
			FROM	TO	M	T	W	R	F	S
SUMMER I COURSE I.D.	**TITLE OF COURSE**	**CREDIT HOURS**	**TIME**		**DAYS**					
			FROM	**TO**	**M**	**T**	**W**	**R**	**F**	**S**
SUMMER II COURSE I.D.	**TITLE OF COURSE**	**CREDIT HOURS**	**TIME**		**DAYS**					
			FROM	**TO**	**M**	**T**	**W**	**R**	**F**	**S**
FALL OR SPRING COURSE I.D.	**TITLE OF COURSE**	**CREDIT HOURS**	**TIME**		**DAYS**					
			FROM	**TO**	**M**	**T**	**W**	**R**	**F**	**S**

Regardless of any financial aid for which I have applied, I acknowledge that I am responsible for all tuition and fees incurred by this registration, as well as all fees associated with the collection of my account. Additionally, I authorize any charges related to my attendance at Charleston Southern University to be placed on my student account. I understand that I must file a refund request with the Business Office if I should have excess funds on my account after payment of cost of attendance owed to Charleston Southern University. If I do not file a refund request, I authorize the Business Office to apply my credit balance to future semesters/terms.

SIGNATURES

Student _____ Date _____

Advisor _____ Date _____

Instructor permission or Departmental permission (if needed) _____

Processed by _____ Date _____

NOTES:

NOTE: *If you take more than 18 hours, you must have the Dean of your major's approval. There will be an additional charge. Student Initial* _____

NOTE: TO RECEIVE VETERANS BENEFITS, YOU MUST CONTACT THE CAMPUS V.A. COORDINATOR

Integrating Faith in Learning, Leading and Serving

WHITE: Registrar YELLOW: Advisor PINK: Student