

# Charleston Southern University

## Registration Form

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
CSU I.D. # (or social security # if CSU I.D. unknown)

\_\_\_\_\_  
Current phone number

Check one:

- New or Readmitted Student

or

- Current Student

Check one:

- Undergraduate Student

or

- Graduate Student

\_\_\_\_\_  
Major or Program

\_\_\_\_\_  
Minor (if applicable)

An official declaration of change of Major/Minor must be made in the Office of Academic Advising

MAYMESTER COURSE I.D.	TITLE OF COURSE	COURSE HOURS	TIME		DAYS						BLDG.	ROOM	
			FROM	TO	M	T	W	R	F	S			

SUMMER I COURSE I.D.	TITLE OF COURSE	COURSE HOURS	TIME		DAYS						BLDG.	ROOM	
			FROM	TO	M	T	W	R	F	S			

SUMMER II COURSE I.D.	TITLE OF COURSE	COURSE HOURS	TIME		DAYS						BLDG.	ROOM	
			FROM	TO	M	T	W	R	F	S			

FALL OR SPRING COURSE I.D.	TITLE OF COURSE	COURSE HOURS	TIME		DAYS						BLDG.	ROOM	
			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. 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

\_\_\_\_\_  
Advisor Phone Number

\_\_\_\_\_  
Instructor permission or departmental permission (if needed)

**NOTES:**

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

WHITE: Student

YELLOW: Advisor

*Promoting Academic Excellence in a Christian Environment*