CHARLESTON SOUTHERN UNIVERSITY

REGISTRATION FORM

Last Name _____ First Name _____ Middle Initial _____

CSU I.D. # _____ Mobile Phone Number _____

Major or Program _____ Minor (if applicable) _____

MAYMESTER/EXTENDED 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 up to 40%. 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 Student Accounts 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 Student Accounts Office to apply my credit balance to future semesters/terms.

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's Initials _____ Dean's Initials _____

Student's Signature _____ Date _____

Advisor's Signature _____ Date _____

Instructor permission or Department permission (if needed) _____

Processed by _____ Date _____

NOTE : If you take an online CAPS course(s), you must have the Dean of your major's approval. There will be an additional charge.

Student's Initials _____ Dean's Initials _____

NOTE: TO RECEIVE VETERANS BENEFITS, YOU MUST CONTACT THE CSU VETERANS SERVICES COORDINATOR