



REGISTRATION FORM

Last Name

First Name

Middle Initial

CSU I.D. #

Mobile Phone Number

Major or Program

Minor (if applicable)

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.

Student's Initials _____ Dean's Initials _____

Student's Signature

Date

Advisor's Signature

Date

Instructor permission or Department permission (if needed)

NOTE : If you take an online CAPS course(s), you must have the Chair of your major's approval.

Student's Initials _____ Chair's Initials _____

Processed by

Date

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