CHARLESTON SOUTHERN UNIVERSITY

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