

# Late Registration / Re-Registration Request



Registrar@usca.edu - (803) 641-3550 – Penland 109

This form will only be utilized for course registration in the current term (no later than the last day of classes), and will not replace or change any course with a final grade already posted to the student's record, including grades of 'W' or 'WF.'

If courses were dropped due to non-payment, approval for re-registration must first be granted by the Office of Business Services.

## Section I: Student Information

Full Name: \_\_\_\_\_

Term: \_\_\_\_ Fall Year: \_\_\_\_\_

USC or VIP ID: \_\_\_\_\_

\_\_\_\_ Spring

USC Aiken Email: \_\_\_\_\_

\_\_\_\_ Summer

Phone Number: \_\_\_\_\_

## Reason for Request:

**Course(s) dropped due to non-payment**

*(the box to the right **MUST** be completed by Business Services - [busserv@usca.edu](mailto:busserv@usca.edu) before returning it to the Registrar's Office.)*

Missed deadline to add a course

Changing section number of identical course

**This section completed by Business Services:**

Means of Payment:

\_\_\_\_ Financial Aid

\_\_\_\_ Payment in Full

\_\_\_\_ Payment Plan

\_\_\_\_ Approval to re-register

Notes/Conditions:

**Business Services designee:** \_\_\_\_\_

## Section II: Course Registration

CRN <i>ex: (12345)</i>	Subject <i>(ENGL)</i>	Number <i>(A101)</i>	Section <i>(001)</i>	Credits <i>(3)</i>	Instructor Signature <i>(if courses were dropped due to non-payment, this signature is not required within first five business days following the drop date)</i>

Total credit hours to add: \_\_\_\_\_

Student signature\*: \_\_\_\_\_

Date: \_\_\_\_\_

\*By signing and submitting this form, you understand that you are liable for all tuition and fee costs associated with the requested action. You are responsible for verifying the status of your financial aid package with the Office of Financial Aid, (803) 641-3476, and/or your payment plan with the Office of Business Services, (803) 641-3543.

**Authorization of College/School** *(if courses were dropped due to non-payment, this signature is not required within first five business days following the drop date)*

Dean or Department Chair signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Office of the Registrar** \_\_\_\_ Complete Initials \_\_\_\_\_