

Late Registration / Re-Registration Request



U of SC Aiken

Registrar

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 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:

____ Approval to re-register

____ Financial Aid

Notes/Conditions:

____ Payment in Full

____ Payment Plan

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 _____