

**FIRST DAY OF CLASS
REGISTRATION FORM**

Office Use	
Initials	
Date	

Student ID# or SS NUMBER _____ DATE _____

NAME _____
(Last) (First) (MI)

The registration deadline for a course is 11:59p.m. on Sunday prior to the start of the term. In order to register for any course after the deadline, students must obtain faculty permission and attend the first day of the scheduled class. Faculty reserve the right to deny a student entrance into any course after the established deadline. This form is required to be submitted to the Student Records Office by noon of the 2nd Monday of the term.

A D D	COURSE NO. (i.e. ENG101)	SECTION (i.e. 01)

FACULTY SIGNATURE
DATE AND TIME

D R O P	COURSE NO. (i.e. ENG101)	SECTION (i.e. 01)

ADVISOR SIGNATURE: _____

REQUIRED FOR NEW, RE-ENTERING, DIRECTIONS, PSEO AND PROBATION STUDENTS

Students are responsible for meeting all course pre-requisites and following the curriculum procedures and policies outlined in the NC State College Catalog.

Payment for my tuition, lab and contact hour fees for the above classes will be provided by the following method (Initial One):

- _____ Payment in full by cash, check or credit card (Contact Cashiers Office)
- _____ Deferred Payment Plan (Contact Cashiers office immediately following class registration)
- _____ Financial Aid (grants, student loans, scholarships)
- _____ Third party payment (Employer or outside agency such as DMARK, BVR, etc.)
(please specify name of third party) _____
- _____ PSEO Option B Student

North Central State College is a non-profit institution of higher learning. As such, student receivable accounts are considered to be educational loans offered for the sole purpose of financing an education and are not dischargeable under bankruptcy proceedings.

All tuition, lab and contact hour fees not covered by Financial Aid or a third party, are my financial responsibility. Payment arrangements must be made upon registration, **but no later than noon of the 2nd Monday of the term.** Failure to make payment arrangements with the Cashier's office by the deadline date will result in my schedule being voided for the current and subsequent periods.

Any student receivable amounts outstanding will be turned over to the State of Ohio Attorney General's Office for further collection.

I have read and agree to the statements made above.

STUDENT SIGNATURE: _____ **DATE:** _____