



Summer 2019

BLUE ASH

**COURSE SELECTION & REGISTRATION FORM**

ID#:	Class:	
Name:	Program:	
SS# (if no WC ID#):	Campus: <b>CIN</b>	
Addr:	Last WC Session Enrolled:	
City: State:	Home Telephone:	
Zip:	Business Telephone:	
E-Mail:	Company:	
Plan Grad (MONTH/YR):	Major 2:	
DEGREE: <b>AB</b>	Minor 2:	
Major 1:		
Minor 1:		
Concent 1:		

Course No.	Section No.	Repeat?	Pass/Fail	Title	Credit Hours	Drop/Add

**TOTAL:**

I understand the drop/add policy and acknowledge my financial responsibility for the above course(s) regardless of my method of payment. I understand that in the case of default, the College may refer any outstanding balance to a collection agency or litigate to insure payment. I agree to pay the cost of collection including, without limitation interest, penalties, collection agency costs, court costs, and attorney fees. This agreement applies to any and all delinquent amounts now due to the College and to those which I may incur in the future.

Please circle your method of payment:

- Payment Plan     
  Employer Reimb     
  Fin Aid     
  Single Payment     
  Military Plan

STUDENT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_ Adv: \_\_\_\_\_