



Summer 2019

Cincinnati State

COURSE SELECTION & REGISTRATION FORM

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