

**COLLEGE FOR CREATIVE STUDIES
NON-MATRICULATING STUDENT REGISTRATION FORM**

FALL 2017

Name _____ Student ID or Social Security # _____
Last First MI
 Date of Birth # _____

Permanent Address **Local Address (When in School)** **Billing Address (Where to send your bills)**
 Address _____ Address _____ Address _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____ City _____ State _____ Zip _____
 County _____ Phone [_____] _____ County _____ Phone [_____] _____ County _____ Phone [_____] _____

Information For Statistical Purposes Only: Sex: M F U.S. Citizen Perm. Resident International Student: Visa Type _____
Ethnic Background (Optional): Black, non-Hispanic American Indian or Alaskan Native Asian or Pacific Islander Hispanic White, non-Hispanic

	DEPT	CODE	SECTION	TITLE	INSTRUCTOR	DAY	TIME	CREDITS
1								
2								
3								
4								
TOTAL CREDITS								

Non-matriculating students may register for credit courses by paying the \$100.00 registration fee.
NOTE - All requests to withdraw from a credit class must be timely made, in writing, using the college's official Add/Drop Form. The Add/Drop form is available from the Academic Advising and Registration Office and should be submitted there upon completion. For payment, refund and withdraw dates please refer to the CCS Schedule Book or our website www.collegeforcreativestudies.edu

<u>TUITION</u> \$1368.00 per credit hour	<u>FEES</u> \$100 non-refundable registration fee \$40.00 non-refundable insurance fee	<u>LAB FEES</u> \$240.00 for 1.0 - 5.5 credits \$475.00 for 6-11.5 credits \$575.00 for 12-18 credits
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Please be advised that guest students are not eligible to participate in career services or employer recruiting events.
 By signing below, I agree to all charges and policies. Schedule changes and requests for refunds/tuition relief must be made by the student, in writing, to the Advising and Registration Office. Non-matriculating students are subject to the same policies and procedures as degree seeking students. See the CCS college catalog for more information on policies and procedures.

Student's Signature _____ Date _____ Dept. Chair's Signature * _____ Date _____
 Method of Payment _____ Amount _____ Dept. Chair's Name [please print] _____
 Advising and Registration's Signature _____ Date _____