



Curriculum Student Registration

This form is required for registering and for changing sections after the add period. Minimum signature requirements are as follows:

Registration: Student and Department Head, Program Director, or CIA, and Academic Dean (Note: Students who are administratively dropped and subsequently reregistered into the same course, do not require the student's signature.)

Section Change: Student and Department Head, Program Director, or CIA

Last Name First Name Middle Name

Student ID:

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Year Semester (Check One)

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FA	SP	SU
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D/R * CRN Course Prefix/Number

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*D—Drop/R—Registration

Justification

Registration after the add period requires submission of reasonable, documented, nonacademic circumstances as justification for an exception to policy.

11/16 **Student Data Center/Registrar's Office Use Only**

Date Keyed: _____ Initials: _____



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Curriculum Student Registration

Registration Agreement

In addition to the Tri County Technical College (TCTC) Policies, I agree to the following:

1. I agree that by officially registering for classes, I am responsible for knowing and complying with all registration, drop/add, and withdrawal policies and deadlines. NOTE: Financial Aid is awarded based on course enrollment and dropping classes may result in a reduction in Financial Aid and a balance due to Tri-County Technical College (www.tctc.edu/x1059.xml).
2. I agree to pay my account charges pursuant to TCTC policies. Account balances are always available on-line via my eTC account and I am responsible to view my Student Bill & Schedule upon making changes to my class schedule.
3. I agree to update TCTC when I change my address or phone number within 7 days of such change. NOTE: Address and phone information may be updated in eTC by clicking on the Update Address & Phone link under the Get Set tab.
4. I authorize TCTC and their respective agents and contractors to contact me on my wireless device by voice or text message, using the phone number provided, regarding my student account, including charges and repayment; as well as notifications about upcoming college deadlines.
5. I accept full financial responsibility to pay the amount owed. If I fail to make timely payments, my account balance may be referred to a collection agency and/or the South Carolina Department of Revenue. My account may also be reported to one or all of the Credit Bureaus.

By signing below, I am entering into a legal and binding contract with the College and I acknowledge that I have read and understand the Terms and Conditions of the Registration Agreement above.

Student's Signature Date

Department Head, Program Director, or CIA Signature Date
(signature approves all overrides for course registration)

Academic Dean's Signature Date

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