



# JOHN WITHERSPOON COLLEGE

Term: \_\_\_\_\_ (Spring, Fall) \_\_\_\_\_ (Year)

*For office use only*

Inv#: \_\_\_\_\_ Total: \$ \_\_\_\_\_

## COURSE REGISTRATION

*Please type or print in ink, and fill out completely.*

### A. PERSONAL INFORMATION

Name: \_\_\_\_\_  
*Last First Middle*

Phone: \_\_\_\_\_  
*Home Cell E-mail*

Address: \_\_\_\_\_  
*Street City State Zip*

### B. REGISTRATION

Course Number/ Title	Audit?	Hours	Cost Per Hour	Tuition Total

**JWC TUITION**

Full-time Tuition: **\$3,000** per semester (12-16 semester hours)  
 Part-time Tuition: **\$250** per credit hour (less than 12 hours; hours in excess of 16)  
 Audit Tuition: **\$125** per credit hour (hours not applied to Diploma or Degree)  
 Special Programs: **\$40** per credit hour (Dual Enrollment; Early Admission)

**JWC FEES**

Matriculation Fee: **\$20** per course—maximum **\$60**  
 Services/Tech Fee: **\$15** (1-4 hrs), **\$25** (5-11 hrs), or **\$50** (12 hours or more)  
 Payment Plan: **\$50** (4 payments – 1<sup>st</sup> payment includes all fees)

Registration is complete only when full payment is received or payment plan has been approved by Director of Business Affairs.

**Tuition Total** \_\_\_\_\_

Matriculation Fee + \_\_\_\_\_

Servcs/Tech Fee + \_\_\_\_\_

Payment Plan + \_\_\_\_\_

**Sub-Total** \_\_\_\_\_

Less Scholarships - \_\_\_\_\_

**Total Due** \_\_\_\_\_

### AGREEMENT

I hereby acknowledge that I am registering to attend a Christian institution committed to the Lordship of Jesus Christ, and as such, I pledge to conduct myself in accordance with the biblical standards of JOHN WITHERSPOON COLLEGE.

\_\_\_\_\_  
Student Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Student Advisor \_\_\_\_\_ Date \_\_\_\_\_

**Please send/submit the Registration Form to:**

*Office of the Registrar*  
 JOHN WITHERSPOON COLLEGE  
 4021 Range Road  
 Rapid City, South Dakota 57702