



Term: _____
(Spring, Fall) (Year)

COURSE REGISTRATION

FULL TIME Students

Please type or print in ink and fill out completely.

A. PERSONAL INFORMATION

Name: _____
Last First Middle

Address: _____
Street City State Zip

Phone: _____
Home Cell E-mail

B. REGISTRATION

Course Number / Title	Credit Hours
1)	
2)	
3)	
4)	
5)	
6)	

FULL TIME TUITION



Tuition for Degree-seeking students is **\$300 a month**, which is collected by automatic payment on the 20th of each month. ACH bank payments from a checking or savings account are preferred and encouraged. Billing starts the first month a student begins their degree program (*normally August or January*). Monthly Tuition includes Fees.

NOTE: Students may choose to pay annually one year of tuition in advance of their start date instead of the Monthly Tuition program.

*Registration is complete only when full payment is received or the Authorization for Direct Payment form has been completed and approved by the Registrar.

MONTHLY Tuition \$300

NEW STUDENTS must complete the **Authorization for Direct Payment** form to pay tuition automatically beginning ___/___/_____

CURRENT STUDENTS:

Already enrolled in Monthly Tuition program

ANNUAL Tuition \$3,600

NEW STUDENTS must pay the \$3,600 annual tuition in advance of the Semester start date (___/___/_____).

CURRENT STUDENTS:

Already paid Annual Tuition for current year

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
 P.O. Box 9014
 Rapid City, South Dakota 57709



COURSE REGISTRATION
PART-TIME Students

Term: _____
(Spring, Fall) (Year)

For office use only

Inv#: _____ Amt: _____

Please type or print in ink and fill out completely.

A. PERSONAL INFORMATION

Name: _____
Last First Middle

Address: _____
Street City State Zip

Phone: _____
Home Cell E-mail

B. REGISTRATION

Course Number/Title	Audit?	Dual?	Hours	Cost Per Hour	Tuition Total
1)					
2)					
3)					
4)					
5)					
6)					

PART TIME TUITION

Part-time Tuition: **\$275** per credit hour
 Audit Tuition: **\$135** per credit hour *(hours not applied to Diploma or Degree)*
 Dual Enrollment : **\$50** per credit hour

JWC FEES

Matriculation Fee: **\$20** per course – maximum **\$60**
 Lab Fee: **\$100**
 Services/Tech Fee: **\$35** (1-11 hrs), **\$50** (12 hours or more)

Registration is complete only when full payment is received.

Tuition Total _____

+ Matriculation Fee _____

+ Service/Tech Fee _____

+ Lab Fee _____

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
P.O. Box 9014
Rapid City, South Dakota 57792