



For office use only

Inv#: _____ Total: \$ _____

JOHN WITHERSPOON COLLEGE

COURSE REGISTRATION (SPRING 2023 SEMESTER)

*RETURNING PART-TIME DEGREE SEEKING STUDENTS
AND NON-DEGREE SEEKING (DUAL ENROLLMENT AND AUDIT STUDENTS)*

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 / (Credit Hours) <small>Course Offerings Subject to Change</small>	Audit?	Hours	Cost Per Hour	Tuition Total

JWC Tuition

Full-time Tuition: **\$6,000** per year (12-16 credit hours per semester)
 Part-time Tuition: **\$275** per credit hour (less than 12 hours; hours in excess of 16)
 Audit Tuition: **\$135** per credit hour (hours not applied to Diploma or
 Dual Enrollment: **\$75** per credit hour

JWC FEES

Matriculation Fee: **\$20** per course—maximum **\$60**
 Services/Tech Fee: **\$35** (1-11 hrs) or **\$50** (12 hours or more), Lab Fee **\$100**
 Payment Plan: **\$50** (4 payments – 1st payment includes all fees)

Registration is complete only when full payment is received or payment plan has been approved by Registrar.

Tuition Total _____

Matriculation Fee + _____

Services/Tech Fee + _____

Lab Fee + _____

Payment Plan + _____

Sub-Total

Credit on file - _____

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

Signature of Parent (if required) _____ Date

Please send/submit the Registration Form to:

*Office of the Registrar
 JOHN WITHERSPOON COLLEGE
 4024 Sheridan Lake Rd.
 Rapid City, South Dakota 57702
 (P.O. Box 9014, Rapid City, SD 57709)*