



*For office use only*

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

## JOHN WITHERSPOON COLLEGE

### COURSE REGISTRATION (Fall 2023)

*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: **\$7,200** 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—max **\$60** (Degree Seeking Students Only)  
 Services/Tech Fee: **\$35** (1-11 hrs) or **\$50** (12 hours or more), Lab Fee **\$100**  
 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 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)*