



For office use only
Inv#: _____ Total: \$ _____

JOHN WITHERSPOON COLLEGE

COURSE REGISTRATION (Spring 2024)

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 – 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
 640 E Saint Patrick St
 Rapid City, SD 57701
 (P.O. Box 9014, Rapid City, SD 57709)