



JOHN WITHERSPOON COLLEGE

Term: _____ <small>(Spring, Fall) (Year)</small>
<small>For office use only</small>
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: **\$3,300** per semester (12-16 semester hours)
 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 Degree)
 Special Programs: **\$50** per credit hour (Dual Enrollment; Early Admission)

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 + _____

Servcs/Tech Fee + _____

Lab 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