

Registration Exception Form

REG
Initials _____
Term _____

This form, with the appropriate signatures, must be submitted to the Office of the University Registrar for all adds, section changes, or credit/audit changes made after the deadline dates as printed in the academic calendar. This form should only be used for the current term. The student's academic dean (or designated representative) must approve these actions.

Note: This form will not remove the course or the fees if you have dropped/withdrawn with a 'W' or 'WF' from another section of the same course.

Student Name: _____ USC ID: _____

Phone: _____ Email: _____

School: _____ Major: _____

Term: _____ Fall _____ Spring _____ Summer Year: _____

*The above-named student is authorized for the schedule adjustments listed below **with the exception of courses which are at full enrollment capacity.***

Requested Action	Course Subject	Course Number	CRN	Credit Hours (if for credit)	Audit Hours (if for audit)	Instructor Signature & Date (does not authorize capacity override)
Add (Register)						
Add (Register)						
Add (Register)						
Add (Register)						
Change Section to ***						
Change Section to ***						
Change Credit Hours to						
Change Credit Hours to						
Change Audit to Credit						
Change Audit to Credit						
Change Credit to Audit						
Change Credit to Audit						

Student Signature*: _____ Date: _____

**By signing above I acknowledge that I am aware of any financial consequence of this change to my registration.*

Dean Signature: _____ Date**: _____

*Signature of **undergraduate student's academic dean** (Signature does not authorize course capacity overrides)*

Graduate Director Signature: _____ Date**: _____

Graduate students only

*** Authorization expires three (3) business days after this date.*

Bursar's Office Signature: _____ Date: _____

Students who have been dropped from their classes due to nonpayment and wish to be re-enrolled in classes for the same term after the drop/add date may be assessed a \$75.00 Reinstatement Fee. This fee is assessed per occurrence each semester.

By submitting this form, I acknowledge that I am responsible for payment of all tuition and fees to the University of South Carolina associated with these course(s) within 24 hours of being registered for these courses.

By submitting this form, I acknowledge that I am entering into a financial arrangement with the University of South Carolina and agreeing that I have read and agree to abide by the terms of the Student Financial Responsibility Agreement.

I understand that if I fail to abide by the Student Financial Responsibility Agreement my course(s) will be dropped from my schedule.

Office of the University Registrar
Columbia, SC 29208 | P 803-777-5555 | registrar@sc.edu



UNIVERSITY OF
South Carolina