UNIVERSITY OF RIO GRANDE AND RIO GRANDE COMMUNITY COLLEGE

Registration Form

Last Name | Maiden Name | First Name | M.I. | Student ID

Date of Birth | Last 4 SSN | Major | Minor | Veteran Benefits

1 – G.I. Bill
2 – Dependent Benefits
3 – Disabled
4 – National Guard
5 – Army Reserve
6 – Other Reserve

Phone | Email | Term | Year

Dept Name	Course #/Cr Hrs	Section	LAB	Course Description	Class Days M	T	W	R	F	Class Time Start	End	BLDG	Room

By signing below, I acknowledge that I am registering for the classes indicated above and accept all tuition and fees associated with these classes. I further acknowledge and understand the following: My account balance is due one week prior to the first day of the semester. URG/RGCC reserves the right to withdraw me from any class for which I am registered as a result of overdue balances.

I understand that if I withdraw from any class after the first week of the semester (or first two days of a summer session or eight-week term), I will still be charged the tuition and fees for that class in accordance with the URG/RGCC refund policy. I further understand that if I withdraw after the first week of the semester (or first two days of a summer session or 8-week term), I may lose some or all of the financial aid that has been applied to my account, resulting in a balance due to the institution.

I further understand that delinquent balances will be reported to the Ohio Attorney General and/or Credit Bureaus and if I fail to pay, legal action could be taken against me. In addition, I may be assessed and required to pay any cost incurred in the collection process of my account, including, but not limited to late charges, collections, and litigation costs.

ADVISOR/CODE _____ STUDENT SIGNATURE _____ DATE _____