

NON-MATRICULATING (GUEST) STUDENT REGISTRATION

Name: _____ Date: _____ Semester: _____

Address: _____

Phone: _____ Email: _____

Billing Address (if applicable): _____

Student ID (if applicable) : _____ Social Security Number: _____ Date of Birth: _____

Check One:

- NM-Guest (CCS Employee or student from another U.S. institution) NMD-Dual Enrollment
 NMC-Corporate NME-Exchange/Study Abroad (AICAD)

For Statistical Purposes Only (optional):

<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Perm. Resident <input type="checkbox"/> International Student: Visa Type: _____
<i>Ethnic Background (circle applicable):</i> Black, Non-Hispanic American Indian or Alaskan Native Asian or Pacific Islander Hispanic White, Non-Hispanic

Please be advised that guest students are not eligible to use the Academic Advising, Career Services and/ or participate in employer recruiting events.

TUITION	FEES	LAB FEES
\$1539 per credit hour	\$100 non-refundable registration fee	\$255 for 1.0 - 5.5 credits
SU/ FALL/ WINTER	\$30 non-refundable insurance fee	\$490 for 6.0 - 11.5 credits
2020-2021		\$590 for 12.0 - 18.0 credits

LIST THE COURSE(S) YOU WOULD LIKE TO ADD TO YOUR SCHEDULE

DEPT	CODE	SECTION	TITLE OF COURSE	INSTRUCTOR	DAY	TIME	CREDITS
DFN	116	A	3D TECHNIQUES	JOHN SMITH	MW	4:00-6:45	3
ADD							

All requests to withdraw from a credit class must be timely made, in writing, using the college's official Add/ Drop Form. This form is available in the Academic Advising and Registration Office (AARO) and should be submitted there upon completion. For payment, refund and withdrawal dates please refer to the CCS Course Catalog and/or the CCS website: www.collegeforcreativestudies.edu> Academic Calendar.

By signing the below, I agree to all charges and policies. Schedule changes and requests for refunds/ tuition relief must be made by the student, in writing, to the AARO. Non-matriculating (Guest) students are subject to the same policies and procedures as degree seeking students. Please refer to the CCS Course Catalog and/or the CCS website: www.collegeforcreativestudies.edu> Policies and Procedures.

Student Signature: _____ **Date:** _____

Department Chair Signature/ Date _____ Department Chair Name (please print) _____ Return this form in person to: College for Creative Studies / Academic Advising & Registration Office 201 East Kirby Street, Detroit, MI 48202 / Phone: (313) 664-7672	For Office Use Only: Registration Signature/ Date: _____ Login & Pswd Request made to IT/ Date: _____ Rec'd Login & Password/ Date: _____ Student Contacted on Date: _____
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