

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	RESOURCE FEES
\$1665 per credit hour	\$100 non-refundable registration fee	\$255 for 1.0 - 5.5 credits
SU/ FALL/ WINTER	\$25 non-refundable insurance fee	\$490 for 6.0 - 11.5 credits
2023-2024		\$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 online on the Academic Advising and Registration Office (AARO) campus office page. 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) Email this form to: College for Creative Studies / Academic Advising & Registration Office Email: aaro@collegeforcreativestudies.edu / 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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