



Office Use Only B# _____ Admit Year _____
 Received _____ Received _____ Student _____
 Date _____ By _____ ID Verified _____

Add/Drop Registration Planning Form

Term: _____ Today's Date: _____ Student ID: B _____

Check the box if this is a new address and/or phone number. Please print or type the following information.

Last Name: _____ First Name: _____

Middle Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Major: _____

Student Signature: _____

You must read and consent to the information on the back of this form prior to registration.

ACTION CODE for table below: *A = Add D = Drop AU = Audit (additional form required)*

Action Code	CRN	Course Subject	Course Number	Section	Course Title	Crd.	Days	Time
<i>This is a sample row</i>	0000	ARTC	1300	70C	Drawing 1	3	M,W	3:00 p.m.

***High School Guidance counselor signature is required for course drop.**

Counselor Print Name: _____

Signature and Date: _____

INSTRUCTOR/DEPARTMENT CHAIR APPROVAL REQUIRED FOR EXCEPTIONS: Signed form must be provided to Advising within 1 week of approval or it becomes invalid. My signature represents approval of the following exceptions for this course:

Pre-requisite waived

Course overload on closed classes

Late Add

Co- requisite waived

Other: Collegewide Chair

Course Reinstatement

Instructor Print Name: _____

Signature/Date: _____

Collegewide Chair Print: _____

Signature/Date: _____

Eastern Florida State College is an equal opportunity/equal access institution.

REGISTRATION AND FINANCIAL RESPONSIBILITY AGREEMENT

Thank you for choosing Eastern Florida State College. In addition to all Eastern Florida State College (EFSC) academic standards and policies, I hereby agree to comply with the terms and conditions specified in this Registration and Financial Responsibility Agreement in order to enroll for courses at EFSC. I also agree to abide by rules and regulations described in the EFSC Catalog and EFSC Student Handbook.

I acknowledge that any activity I conduct through EFSC indicates my agreement to the specified terms and conditions, including my agreement to be financially responsible to EFSC for payment of all tuition, fees and related costs of enrollment for classes in which I am registered whether or not I attend the class.

I understand that course(s) must be dropped before the end of the drop period in order to be eligible for a full refund. It is my responsibility to drop my classes as the college will not automatically drop them for me.

I acknowledge that if I withdraw from a course(s) after the end of the drop period, or if I am administratively withdrawn for non-attendance or other reasons, I will be responsible for repaying any applicable Bright Futures Scholarship funds, Federal Title IV financial aid funds, or any other amount due as a result of the withdrawal. Any reduction in financial aid based on nonattendance will result in a balance due to EFSC.

I understand past due student account balance will result in a financial hold, which prevents future registrations as well as other services being offered in accordance with college policy. I understand and agree that EFSC will withhold transcripts, diplomas, and other services until all outstanding balances have been satisfied in full.

I acknowledge that all outstanding obligations (along with appropriate personal information including social security number) may be referred to an outside collection agency and credit reporting bureaus.

I understand that I am responsible to reimburse EFSC the fees of any collection agency, which may be based on a percentage not to exceed 33% of the debt, including attorney fees and court costs.

In addition, I agree to allow EFSC and its agents to contact me at any cell phone number that I provide now or use in the future, using automated telephone dialing systems, artificial or pre-recorded voice or text messages, or personal calls regarding my obligation to repay my debts to EFSC.

I also authorize EFSC or its agents to contact me via my easternflorida.edu address or an email address that I provide to EFSC. I understand that others may be able to review my messages and/or emails related to my debts sent to or from EFSC including their contents, which may include information about my debt and its status.

I understand that EFSC uses Titan E-mail, a free student email system, as the official means of communication for registered students. Financial Services utilizes this system for notifications regarding student accounts. Students should maintain and check their EFSC e-mail accounts regularly.

I understand this agreement shall be construed in accordance with Florida law, and any lawsuit to collect unpaid fees may be brought in the appropriate court sitting in Brevard County, Florida, regardless of my domicile at the time of bringing such action. I understand by signing this form, I am agreeing to all terms and conditions set forth herein above and agree to the incorporation of any other related documents. I enter into this Registration and Responsibility Agreement with full knowledge of its legal implications and without coercion and/or promises made to me by the college. I also agree and acknowledge that prior to agreeing to this Agreement, I have the right and option to discuss the terms and conditions herein with a private attorney at my sole expense.

Student Signature: _____ Date: _____

Student ID Number: B _____

Received by: _____ Term: _____