

Registration Exception Form (REF)

This form, with the appropriate signatures, must be completed by the student and submitted to the University Registrar's office for all course adds, section or credit changes made after the deadline dates as printed in the academic calendar. This form will not remove the course or the fees if the course was dropped/withdrawn with a 'W' or 'WF' from another section of the same course.

Student's Printed Name: _____ USC ID: _____
Your USC ID can be found on the back of your Carolina Card.

Requested Action

_____ Change Sections: from section _____ to section _____ Change Credit Hours: from _____ hours to _____ hours
_____ Add/Register

One course per form (and a lab if required). Please include lecture and lab below when applicable.

Please use a separate form for each course (and required lab) and submit as completed.

Term & Year (YYYY)	Course Subject	Course Number	Section	CRN	Credit Hours	Instructor's Printed Name	Instructor's Signature (Required)	Date**
(lab only)	(lab only)	(lab only)						

*Instructor's signature does not authorize capacity override.
** Instructor authorization will expire three (3) business days after this date.*

Student Financial Agreement/Signature

Student must acknowledge by **initialing** the statements below:

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

_____ 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, and I have read and agree to abide by the terms of the [Student Financial Responsibility Agreement](#). If I fail to abide by the Student Financial Responsibility Agreement, I understand my course(s) may be dropped from my schedule.

_____ I am aware of any financial consequence of this change to my registration.

Student Signature (required): _____ Date: _____

Graduate Students must obtain the Graduate Director's signature IF the changes above are for a past term:

Graduate Director's Printed Name: _____ Signature: _____ Date: _____

Return completed form to the Bursar's Office for review and processing via email at bursar@mailbox.sc.edu or in person at 1244 Blossom St, Suite 128, Columbia, SC 29208.

Bursar's Office Signature (required): _____ Date: _____
This student is authorized for this schedule adjustment.

Bursar's Office: Please route completed form to the University Registrar's office for processing.

