



Late Registration

Registrar's Office

University of Southern Indiana
8600 University Blvd. Evansville, IN 47712
Phone: 812-464-1762 Fax: 812-464-1911 Email: registrar@usi.edu

For Registrar's Office Use Only	
Processed by	Date
Checked by	Date
Student's program	

It is strongly recommended that you register during the published dates of priority registration or during the open registration period. Students allowed to late register during the first week of the semester (first two days of First or Second Summer) register online through myUSI. Courses meeting other than the standard length (including courses for online accelerated programs) may have different online registration deadlines. *Only in exceptional circumstances will a student be allowed to late register after the online registration deadline has passed.* Any registration taking place after that time requires the completion of the Late Registration form with signatures of approval.

Term/Year: Fall _____ Spring _____ Summer I _____ Summer II _____

Student ID Number: 000-_____ Date of Birth: _____

Name: (Last, First, M.I.) _____

Reason for registering late: _____

STEP BY STEP PROCEDURE

1. Obtain approval and signature from the instructor of each course.
2. Obtain approval and signature from the department chair of each course.
3. Obtain approval and signature from your academic advisor.
4. Sign the Late Registration form (a digital signature will only be accepted when submitted from the student's secure USI email).
5. Return form to the Registrar's Office for processing.
***You are not officially enrolled until this form has been processed by the Registrar's Office.**
6. View/pay your bill online through TouchNet or visit the Cashier's window to discuss payment options.

CRN	Subject	Course Number	Section Number	Instructor's Signature †	Department Chair's Signature †

† Signatures not required for open, special length courses during the 100% refund period. However, the department of the course must provide any necessary overrides (closed class, pre-requisite, etc.) before registration can take place.

Advisor's Signature: _____

Date: _____

Student signature required on page 2.



Late Registration

Student ID Number: 000-_____ **Name:** _____

Term/Year: Fall _____ Spring _____ Summer I _____ Summer II _____

Registration Terms and Conditions

By attempting to register for classes at the University of Southern Indiana, you are acknowledging that you are aware of the University's Alcohol & Other Drug Policies, Annual Security Report, other information published in the current schedule of classes, and the Financial Responsibilities Policy (listed below). If you choose not to acknowledge your awareness of these policies, you cannot register.

I hereby acknowledge and agree that by registering for classes for this semester at the University of Southern Indiana, I agree to be financially responsible for all registration charges assessed on my student account as a result of said registration and the appearance of said courses on my academic transcript unless I cancel my registration prior to the end of the business day of the 100 percent refund period.

I further acknowledge and agree that I will be financially responsible for any additional charges I incur, including but not limited to, room and meal plan charges, departmental charges, or any other University charges. I expressly acknowledge that I shall owe these additional charges irrespective of my decision to cancel my registration.

I understand that my right to register is expressly a result of my agreement to pay any and all charges when those charges become due and my failure to pay may prohibit my registration in future semesters at the University of Southern Indiana. I also understand that regardless of my eligibility for financial aid, I am personally responsible for the full amount assessed to my account as a result of this registration.

I understand that all financial aid, loans and scholarships received by the University of Southern Indiana will be used to satisfy any and all charges on my student account including but not limited to, all expenses directly related to my education, housing and meal plans, parking fines, disciplinary fines, book charges, library fines and miscellaneous housing charges. I also understand that if I do not want those charges which are not directly related to the cost of my education to be paid by said financial aid, loans, or scholarships, I must personally visit the Bursar's Office each semester to complete an exemption form. I understand that I may complete this exemption form at any time and that the exemption is not retroactive – it takes effect on the date that the Bursar's Office receives it. I understand and agree that I will be personally responsible for any and all charges which are not paid for by financial aid as a result of any requested exemption or otherwise.

I agree to allow the Student Financial Assistance office to correspond with me through electronic communications. A waiver will be available in the Student Financial Assistance office if I choose to suspend electronic communications.

I understand that if I fail to pay my debt as specified on my billing statement I may be assessed late payment charges in accordance with the policy set forth by the University of Southern Indiana.

I further understand that the University may refer my past due account for collection and may authorize legal action against me for collection of said debt. I agree to be liable for all reasonable collection costs including but not limited to, attorney fees, court costs, and any other charges which are necessary for the collection of my past due account.

Student's Signature: _____ **Date:** _____

(By signing this form by hand or electronically, I certify that this my signature and I agree to the above terms and conditions.)