



Student Name _____ Cell Phone _____

VIP ID _____ Email _____

Current USC Campus _____ Major _____

Campus You Wish To Attend:

- Aiken Beaufort Columbia/Palmetto
 Lancaster Salkehatchie Sumter
 Union Upstate

Term You Plan To Attend:

- Year _____ Fall Spring
 Summer I Summer II

COURSE (DEPT.)	COURSE NUMBER	SECTION	CRN	COURSE TITLE

Student's Signature _____ Date _____

Advisor's Signature _____ Date _____

Director's Signature _____ Date _____
Upstate Education classes only

****NOTE TO STUDENTS: Please make sure and keep a copy of this form for your records, once signed by your advisor prior to submitting to the Records Office for processing. If submitted electronically please print a copy for your records.***

RECORDS OFFICE USE ONLY

Course/CRN	Override Indicators	Processed By	Date