

Registration Agreement Form

Student's Name: _____ Program: _____ ID#: _____

Check Each Semester that Applies: Fall Spring Summer Academic Year: 20__ - 20__

You must accept each of the conditions stated below before registering for courses. Your acceptance is designated by your initials next to each condition.

_____ (initial) I understand that it is my responsibility to review and comply with the rules, regulations, policies, and procedures contained in the WDT Student Handbook, the Campus Safety and Security Handbook, Emergency Plan, and the WDT Academic Catalog. I can find these documents at www.wdt.edu or in the resources section of the 'How To' tab in MyWDT.

_____ (initial) I understand tuition and fees are due prior to the first day of class and payment must be made or a payment arrangement in place with the Student Accounts Office. Students with pending financial aid may qualify for a deferment. Students are responsible for costs incurred during the period of time they are enrolled. Please contact the Student Accounts Office at 605-718-2423 if you have questions.

_____ (initial) I understand that if I have not engaged in online classes or attended classes at WDT for 21 consecutive calendar days, I will be administratively withdrawn from WDT.

Student Signature: _____ Date: _____