

GENESYS

EMS EDUCATION

Registration Drop/Add Form

Student Name: _____ SUID#: _____

Program Code: _____ Date: _____

By completing the below registration for this semester, I agree to financial responsibility for all charges on my student account. I agree to pay Genesys Regional Medical Center the full amount of the obligation by the payment due date as outlined in my Payment Agreement (form 404 or 404p). I am responsible for dropping all courses I am not planning to attend by the last day for drop/add. I understand that if I should default, my account will be referred to a collection agency.

Course Number	Course Name	Start Date	End Date	Drop or Add	Instructor Approval

Student Signature

We are called to: Service of the Poor Reverence Integrity Wisdom Creativity Dedication