Spring 2023 Registration Form

Student Services Fax Number 870-864-7137

advisor@southark.edu

Name: _____ Student I.D. # 777-0
Last First Middle Maiden

Current Address: _____
Street or Box City State Zip

Phone #: _____ Email: _____ **Major:** _____

If you would like to receive occasional text messages about important announcements and dates, please provide a valid cell phone number below, and your cell phone carrier.

Cell Phone: _____ Carrier: _____

☐ Check box if you agree to the following terms: By participating, you consent to receive SMS/MMS marketing msgs. No purchase required. Msg & data rates may apply from your cell carrier.

Do you wish the college to release Directory Information on you? YES ☐ **NO** ☐

Directory information includes name, address, phone number, place of birth, academic major, high school attended, non-academic honors, dates of attendance, class schedule and classification. This information is released to third parties for the purposes of scholarship recruitment, armed services recruitment and other reasons.

FINANCIAL AID/SCHOLARSHIPS (*check what, if any, applies to you***)**

☐ **Self Pay**	**Payments are made in the Bookstore or payment plans are set up in MyCampus. Please contact the SouthArk Business Office for Payment Deadlines**
☐ **Pell Grant**	**Must submit signed award letter to receive Financial Aid**
☐ **Student Loan**	**Must be enrolled in at least 6 hours**
☐ **El Dorado Promise**	**Must successfully complete at least 12 hours each semester, 24 credit hours per Academic Year**
☐ **Academic Challenge (Lottery Scholarship)**	**Must successfully complete 12 hours first semester, 15 hrs. each following sem. (27 hrs. first academic year, 30 each following year)**
☐ **Veteran/Veteran dependent (VA benefits)**	**After registering, submit a copy of bill to VA Rep. in Financial Aid Office (can be printed in Business Office, 2nd floor Administration building)**
☐ **Institutional/Community Scholarships**	**Must adhere to all scholarship guidelines, see website for details**

Course Number	Section	Course Title	Day(s)	Start Time	End Time
SASC 1101	090	Campus Technology			
SASC 0103		SouthArk Success			

Total credit hours for semester:

_____ _____ Schedule Approved by: _____
Student's Signature Date Advisor's Signature