Due to strategic clinical placement, students in clinical healthcare programs are registered each semester, following their first semester at Clark State, in clinical course sections by the Records Office based on clinical assignments received from the program coordinator/academic school dean. Students will be removed from their clinical courses by the Records Office at the request of the program coordinator/academic school dean should the student be unsuccessful in their prerequisite courses. By signing this form, students (you) are agreeing to automatic registration in assigned course sections each semester following their first semester at Clark State.

In addition, students are acknowledging they have read and understand the Financial acknowledgment below. Failure to make payment by the designated payment deadline for any semester registered will result in being dropped for nonpayment.

FINANCIAL ACKNOWLEDGMENT

By being registered for classes at Clark State College, I agree to assume financial responsibility for all charges billed to my student account including, but not limited to, in-state and out-of-state tuition, general fees, technology fees, lab fees, late fees, auxiliary fees and fines (hereafter referred to separately and collectively as “Student Obligations”). By agreeing to clinical registration, I acknowledge that I have read and understand the following provisions:

• If my federal or institutional financial aid is either not received by Clark State College or I later lose eligibility to retain financial aid for the semester, I assume responsibility for paying all Student Obligations for this term.

• If my third party sponsor (private employer, governmental agency, etc.) fails to pay Clark State College by the end of the term, I assume responsibility for paying the amount the sponsor originally promised to pay on my behalf.

• It is my responsibility to withdraw from classes during the 100% refund period if I decide not to attend this semester.

• A “HOLD” will be placed on my record if my Student Obligations remain unpaid after the official refund period ends for the term which will prevent my ability to register for future semesters and receive an official college transcript.

Student’s Name (please print): _____________________________________ Student ID#: ______________________

Student Signature: ___________________________________________ Date: ______________________