Fall 2024 Registration Form Fax to Student Services at 870-864-7137 or email to advisor@southark.edu

Name	::				Student I.D. #	Student I.D. # <u>777-0</u>			
	Last	Fi	rst Mie	ddle Maiden					
	nt Address or Box	:			City	St	tate Zip		
Phone	Phone #: Em			nail:	Major: _				
Conta	act Person	In Case of	Emergency:						
Name:				Phone #:	Relat	Relationship:			
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	Self Pay		FINANCIA	L AID/SCHOLARSHIPS (check Payments are made in the Books SouthArk Business Office for Pa	store or payment plans a	f	MyCampus. Please	contact the	
	Pell Grant Student Loan El Dorado Promise Academic Challenge (Lottery Scholarship) Veteran/Veteran dependent (VA benefits) Institutional/Community Scholarships			Must submit signed award letter to receive Financial Aid					
				Must be enrolled in at least 6 hours					
				Must successfully complete at least 12 hours each semester, 24 credit hours per Academic Year					
				Must successfully complete 12 hours first semester, 15 hrs. each following sem. (27 hrs. first academic year, 30 each following year) After registering, submit a copy of bill to VA Rep. in Financial Aid Office (can be printed in Business Office, 2 nd floor Administration building)					
				Must adhere to all scholarship g	uidelines, see website for	details			
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