Wesley College Language Development Center REGISTRATION FORM

Tod	ay's Date: [Date]		Student ID Number (for Staff only)								
STUDENT INFORMATION											
[Last Name] [First Name]					Social Security #			Staff member? (Y/N)			
	e you attended Wesley Colle o which date?	Email Address:					Bir Dat		Gender		
Street Address			City					Sta	ate Zip		
Hom	e phone number:	Cell phone number:									
How did you find out about us?											
Do you now or have you ever had family members who attended Wesley College? (Circle One) REGISTRATION INFORMATION											
WESLEY COLLEGE LANGUAGE DEVELOPMENT CENTER COURSE(S) YOU WILL BE TAKING THIS SEMESTER											
	Course Name		1	Number		Section	Hours		Fees		
1											
2											
Students are responsible for all tuition costs, refund policy costs, collection agency fees, attorney fees, court costs, and other costs necessary for the collection of amounts not paid by the due date. This signature serves as my agreement to Wesley College's registration and financial policies.											
Registration Fee: Lab/Art Fees:		Lab/Art Fees:	Oth	her Fees	5 :	TOTAL CHARGES			,		
STUDENT SIGNATURE I certify that the above information is truthful and accurate to the best of my knowledge.											
Student Signature								Dat	Date		
OFFICE USE ONLY											
Am	ount Received	ived by					Date				
Cash Check Charge Card #											
Note: In admitting students, Wesley College complies with the civil rights act of 1964 and does not discriminate on the basis of race, religion, sex or national origin											
1											