



PLEASE PRINT - USE BALL POINT PEN - PRESS FIRMLY

PART/TIME REGISTRATION--REGISTRAR'S OFFICE

REGISTRATION FORM

STAFF	VETERAN'S BENEFITS	SENIOR CITIZEN	CLERGY	D.A.F.B. TUITION ASSIST.	IN SERVICE V.A.	DATE OF BIRTH	MONTH	DAY	YEAR
1 SOCIAL SECURITY NUMBER			2 NAME		LAST		FIRST		MI
3 ADDRESS					4 TELEPHONE		AREA CODE		
5 HAVE YOU ATTENDED WESLEY COLLEGE BEFORE?			YES <input type="checkbox"/>	DATE	NO <input type="checkbox"/>	EMAIL			

6 WESLEY COLLEGE COURSE(S) YOU WILL BE TAKING THIS SEMESTER

COURSE NAME	NUMBER	SECTION	HOURS	FEES
(1) _____	_____	_____	_____	_____
(2) _____	_____	_____	_____	_____
(3) _____	_____	_____	_____	_____

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 due date. This signature serves as my agreement to Wesley College's registration and financial policies.

OFFICE USE ONLY		
AMOUNT RECEIVED	RECEIVED BY	DATE
CASH <input type="checkbox"/>	CHECK <input type="checkbox"/>	CHARGE CARD NO. <input type="checkbox"/>

REGISTRATION FEE _____

LAB/ART FEES _____

OTHER FEES _____

TOTAL CHARGES _____

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.

I UNDERSTAND THAT I SHALL NOT BE CONSIDERED FOR ADMISSION TO WESLEY COLLEGE FOR DEGREE PURPOSES AND/OR FOR VETERANS ADMINISTRATION BENEFITS UNTIL I HAVE SUBMITTED ALL CREDENTIALS SPECIFIED. I FURTHER UNDERSTAND THAT WITHHOLDING INFORMATION REQUESTED OR GIVING FALSE INFORMATION MAY MAKE ME INELIGIBLE FOR ADMISSION AND ENROLLMENT.

DATE _____ SIGNED _____

REGISTRAR