

# FALL 2010 REGISTRATION FORM

You must bring this completed form with you to register.



WILLIAM JESSUP  
UNIVERSITY

Name: \_\_\_\_\_

Student Athlete?  Yes  No

Local Address:

Street \_\_\_\_\_

Emergency contact name and phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

church you currently attend (don't need to be a member) \_\_\_\_\_

Cell phone number \_\_\_\_\_

church city \_\_\_\_\_

Pre-registration requirements for student: All steps must be completed **before registration**.

- Clear any financial, student live, or academic holds you may have such as a balance or missing paperwork.
- Review the Estimated Cost Worksheet to determine your cost and which payment method you will use for registration, full payment or deferred payment – 1/3 of balance + \$40. Payment is **due August 2, 2010**.
- Prepare this registration form by completing all sections and signing **in pen**.
- If applicable, prepare the following:
  - Petition to Change Academic Requirements
  - Application for Graduation
  - FERPA (changes only)
  - Prerequisite Override

I understand and agree to the following: I am responsible for all tuition, fees, and charges associated with registering for these courses with WJU. I am aware that the timing and payment amount due is subject to change. I accept responsibility for the billing statement which will be mailed to the address provided above. A minimum payment, as outlined in documents mailed with the billing statement, must be received by **4:00 p.m. on August 2, 2010**, in order **to maintain course registration**. If no payment is received by August 2, **I will be dropped from all courses** and will need to register during Late Registration. Late Registration is April 26 - September 3 for returning students, and August 25 – September 3 for new students; an additional \$95 Late Registration Fee will be applied. I understand that if any balance becomes 45 days delinquent my account will be sent to collections. I agree to pay any charges and/or fees, court or otherwise, as a result of the collection process.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

Time	Days	Course #	Course Name	# of Units	Audit	Instructor
		SFG090-	Spiritual Formation Group	0		

For Office Use Only: Steps will be initialed by the WJU staff member assisting you with each process.

1. \_\_\_\_\_ Academic Advising  
Number of units: \_\_\_\_\_
2. \_\_\_\_\_ Course Enrollment  
Contract signed?  No  Yes