

WILMINGTON UNIVERSITY COURSE REGISTRATION REQUEST

(PLEASE PRINT NEATLY IN INK)

STUDENT INFORMATION

Last Name ()	First Name ()	M.I.	Student ID
Daytime Phone #	Evening Phone #		Major

I am approved to receive special accommodations.

REGISTRATION REQUEST FOR: Fall Spring Summer Year _____

COURSE REQUESTS / TUITION CALCULATION

	FIRST CHOICE COURSE(S)	CREDITS	TUITION <small>(Tuition Rate x Credits)</small>	COURSE FEE <small>(if applicable)</small>	TOTAL AMOUNT <small>(Tuition + Course Fee)</small>
ex.	BBM 102 B2N01 FA2008				
1.					
2.					
3.					
4.					
5.					
6.					
7.					
	SECOND CHOICE COURSE(S)	CREDITS	TOTAL TUITION		
1.			REGISTRATION FEE		25.00
2.			PAYMENT PLAN FEE <small>Add \$20.00 if applicable</small>		
3.			LATE REGISTRATION FEE <small>Add \$25.00 if registering late</small>		
			TOTAL AMOUNT OWED THIS TERM		
			TOTAL AMOUNT PAID NOW		

Date _____ Student Signature _____

WebCampus, our student portal, will display your course schedule as soon as it has been processed by an associate. You may log onto webcampus.wilmu.edu to verify your schedule. Please allow 24 hours from the time you faxed or mailed your registration form for processing. If you do not see the course schedule you requested after 24 hours, you may call the Registrar's Office or site to assure your form was received.

PAYMENT METHOD

(ONLY REGISTRATIONS WITH METHOD OF PAYMENT INDICATED WILL BE PROCESSED.)

- | | |
|---|---|
| <input type="checkbox"/> Payment Plan
<input type="checkbox"/> Full Payment:
Covers tuition and all fees.
<input type="checkbox"/> Financial Aid | <input type="checkbox"/> Third-Party Payment:
Registrations will not be processed if approved voucher is not attached.
Please specify:
<input type="checkbox"/> Delaware River/Bay Authority
<input type="checkbox"/> FEA <input type="checkbox"/> Other (attach voucher) |
|---|---|



PAYMENT TYPES (SELECT ONE)

- CASH CHECK OR MONEY ORDER – payable to Wilmington University
- CREDIT CARD: Read, complete requested information, and sign. I hereby authorize Wilmington University to charge my credit card listed below for the amount listed in the "Total Amount Paid Now" box. (Signer must be the account cardholder.) The amount charged may be adjusted for math errors, credit hours, course fees, and any late fees, etc. I agree to be bound by the academic and financial policies that apply at the time of my course registration request.

Account # _____ MasterCard VISA American Express Discover Expiration Date _____

Cardholder's Name (please print) _____

Signature of Cardholder _____