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_____

ALL ACCOUNTS MUST BE CURRENT PRIOR TO REGISTRATION

COURSE REQUESTS / TUITION CALCULATION

	FIRST CHOICE COURSE(S)	CREDITS	TUITION (Tuition Rate x Credits)	COURSE FEE (if applicable)	TOTAL AMOUNT (Tuition + Course Fee)
ex.	BBM 102 B2N01 FA2010				
1.					
2.					
3.					
4.					
5.					
6.					
7.					

	SECOND CHOICE COURSE(S)	CREDITS
1.		
2.		
3.		

TOTAL TUITION	
REGISTRATION FEE *Must be paid at registration	25.00*
PAYMENT PLAN FEE Add $20.00 if applicable	
LATE REGISTRATION FEE Add $30.00 if registering late	
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.)

❑ Payment Plan

❑ Full Payment:
Covers tuition and all fees.

❑ Third-Party Payment:
Registrations will not be processed if approved voucher is not attached.

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 _____