

# 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 <small>(Tuition Rate x Credits)</small>	COURSE FEE <small>(if applicable)</small>	TOTAL AMOUNT <small>(Tuition + Course Fee)</small>
ex.	BBM 102 B2N01 SU2010				
1.					
2.					
3.					
4.					
5.					
6.					
7.					
	SECOND CHOICE COURSE(S)	CREDITS	<b>TOTAL TUITION</b>		
1.			<b>REGISTRATION FEE</b>		25.00
2.			<b>PAYMENT PLAN FEE</b> <small>Add \$20.00 if applicable</small>		
3.			<b>LATE REGISTRATION FEE</b> <small>Add \$30.00 if registering late</small>		
			<b>TOTAL AMOUNT OWED THIS TERM</b>		
			<b>TOTAL AMOUNT PAID NOW</b>		

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](http://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.

Question about  
third-party payments?  
Call (302) 356-6948

### 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 \_\_\_\_\_