Wilmington University
Office of the Registrar

Request for Dropping and Adding Classes

Name _____ **Student ID** _____

Daytime Phone _____ **Evening Phone** _____

If you are adding classes only or adding more credits to your original credit load, you must complete the Payment Agreement below.

COURSE ID: (example: ENG101 SEN01 FA2008)

For: ☐ Fall ☐ Spring ☐ Summer _____ (Year)

DROP	
ADD	

IMPORTANT: Students receiving financial aid should consult the Student Financial Services office to determine potential consequences related to changes in course credit load.

Signature _____ **Date** _____

Payment Agreement

Check intended method of payment.

☐ Full Pay (check or money order)
☐ Full Pay (credit card)
☐ Payment Plan ($20 fee per semester)
☐ Third Party Pay (specify): ☐ Del River/Bay ☐ VA ☐ USAF-TA ☐ Voc Rehab ☐ FEA ☐ Other (attach voucher)

Full Pay by Check or Money Order: *Enclose tuition, registration, and course fees or submit in person.*

Payment by Credit Card: *May be used for full pay or to pay fees for payment plan. Complete all information and sign.*

I authorize Wilmington University to charge my credit card listed below (signer must be account cardholder) the full amount of applicable tuition and fees for my selected course request. The amount charged will include adjustments for math errors, adjustments in credit hours, course fees, and any late fees. I agree to be bound by the academic and financial policies that apply at the time of my course requests.

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Credit Card Number

Expiration Date ☐☐/☐☐ month/year

Type: ☐ VISA ☐ MasterCard ☐ Discover ☐ AMEX

Amount of credit card charge $ ☐

Name of account cardholder (please print)

Signature (account cardholder)

Form Updated 7/22/2008