INDIANA WESLEYAN UNIVERSITY

College of Adult and Professional Studies
1900 W 50th St
Marion IN 46953

Graduate Elective Registration (Current IWU Students)

Please complete all sections of the registration form. This form must be received a minimum of three weeks prior to the start date of the elective class.

SECTION ONE – PERSONAL INFORMATION

Name_____
First **Middle** **Last** **(Nickname)**

Address_____
City State/Province **Zip/Postal Code** **Country**

Book Shipping Address (If different than above)_____
Street (No PO Boxes) **City State** **Zip**

Daytime Phone_____ **Work Phone**_____

SECTION TWO – ACADEMIC INFORMATION

Submission of this registration form will initiate your registration into these courses:

CODE (ex. BIL101 A)	Class Name	City or Online	Start Date	End Date	Deadline	Tuition$	Books$

SECTION THREE – FINANCIAL INFORMATION

METHOD OF PAYMENT (check one for both application fee and tuition and books): (You will not be registered until payment is received)

☐ **Visa/MasterCard/Discover Card Number:** _____
Expiration Date: _____ **V Code (3 digits on back of card):** _____
_____**Charge books/materials** _____**Charge Tuition**

☐ **Check/Money Order Enclosed: $** _____

☐ **Employer Voucher (an <u>actual voucher</u> must be received by the <u>registration deadline date,</u> NOT a voucher application)**

☐ **Tuition Deferral – Contract on file.**

☐ **Financial Aid**

Any changes to this registration (withdraw or addition) must be made through the Registration Change Counselors.
Your signature below indicates academic and financial responsibility for all courses listed above.

_____ _____
Signature **Date**

Mail or fax registration form to: Indiana Wesleyan University, 1900 W. 50th Street, Marion, Indiana 46953-5279
FAX: 765-677-2760. (If faxing, call 800-621-8667 ext. 2878 to verify.)
If you have questions concerning registration, call: 765-677-2343 or 800-621-8667 ext. 234.

ID# _____ **Amount Received:**_____ **Check #**_____

Application:_____ **Tuition:**_____ **Books:**_____ **Late Fee:**_____ **AC Approval:**_____

Accounting Office: **AGS** **IPD** **Date Registered by Student Services:**