

# Adult Degree Program - Registration Form



Semester: \_\_\_\_\_ Year: \_\_\_\_\_ Student ID#: \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_  
 Last Name First M.I.  
 \_\_\_\_\_  
 Street Address  
 \_\_\_\_\_  
 City State Zip  
 \_\_\_\_\_  
 Employer

Home/Cell (\_\_\_\_\_) \_\_\_\_\_  
 Work Phone (\_\_\_\_\_) \_\_\_\_\_  
 Fax Number (\_\_\_\_\_) \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_

Please check if any of the above information has changed since your last registration.

Staff Only  
 \_\_\_\_\_ Data Changed Date \_\_\_\_\_

Check if using: \_\_\_\_\_ VA Benefits \_\_\_\_\_ Military TA

Course Dept. & Number	Course Title	Section	SH	Instructor	Day/Time	Begin & End Dates	Location

## INTENT TO ENROLL STATEMENT

I intend (non-binding) to enroll in the following number of \_\_\_\_\_ a total of 12 or more semester hours \_\_\_\_\_ a total of 6 to 8 semester hours  
 hours during the current semester (check one): \_\_\_\_\_ a total of 9 to 11 semester hours \_\_\_\_\_ a total of 1 to 5 semester hours

Tuition Location: \_\_\_\_\_ sh @ \$ \_\_\_\_\_ /sh \$ \_\_\_\_\_  
 Location: \_\_\_\_\_ sh @ \$ \_\_\_\_\_ /sh \$ \_\_\_\_\_  
 Location: \_\_\_\_\_ sh @ \$ \_\_\_\_\_ /sh \$ \_\_\_\_\_ Total Tuition \_\_\_\_\_

Non-Refundable Background Check Fee \_\_\_\_\_  
 Non-Refundable Technology Fee \_\_\_\_\_  
 Methodist/Military/PTK Discount \_\_\_\_\_

## FINANCIAL AID/STUDENT LOANS:

Account Receivable Balance as of \_\_\_\_\_ \$ \_\_\_\_\_ TOTAL CHARGES \$ \_\_\_\_\_  
 NC Need Based Scholarship \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Pell Grant \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Loan (specify) \_\_\_\_\_ (\_\_\_\_\_) FIN. AID/OTHER CREDITS (\_\_\_\_\_) \_\_\_\_\_  
 Loan (specify) \_\_\_\_\_ (\_\_\_\_\_) TOTAL BALANCE DUE \_\_\_\_\_  
 Other (specify) \_\_\_\_\_ (\_\_\_\_\_) AMOUNT PAID \$ \_\_\_\_\_  
 Employer Reimbursement Plan (ERP) ERP BALANCE DUE \$ \_\_\_\_\_

Check # \_\_\_\_\_  Credit Card  Money Order  Voucher  
 Using ERP Option – Deposit Paid \_\_\_\_\_  ERP Form attached

Employer Reimbursement Plan (ERP) Balance: Signed agreement indicating due date(s) must accompany this form.

Any student who has a financial indebtedness to North Carolina Wesleyan College will be liable for all costs necessary for the collection of the unpaid balances.

Dropping and/or adding classes may result in an additional balance owed and/or a change in eligibility for financial aid. It is the student's responsibility to contact the Financial Services Office to determine the effect of a schedule change on the student's full or part time financial status.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor: \_\_\_\_\_ Processor: \_\_\_\_\_ Date: \_\_\_\_\_

Jenzabar Input  
 Initials \_\_\_\_\_  
 Date \_\_\_\_\_