

SCHOOL OF GRADUATE & PROFESSIONAL STUDIES REGISTRATION FORM

		F/	4X: 301-891	-4023					
LEGAL NAME:	First		Middle			Last			
DAYTIME TELEPHONE									
EMAIL ADDRESS:									
CHECK PROGRAM: Graduate Professional Studies [PSP] Associate Degree/GEN ED Other		□ BSBA	SIONAL STUD DECED DELEM/SPEI BSPSYC RN-BSN			GRAD MAR MBA MCP LCPC		MPA MSNBL MSNED MHCAD	
		ist complete all s	ections.j		Chart Data	Food Dodg	Cuadita	Caranya/Online	
Course ID [i.e. HIST 125]	Course Title				Start Date	End Date	Credits	Campus/Online	
DROP C	OURSE (No refund if mor	e than 50% of co	ourse has	met.] **MU	ST BE COMP	LETED BY Credits	PROFESSOR Campus/Online	
Course to [i.e. 11131 123]	Course ritie				Start Date	Liid Date	Credits	Campus/Online	
METHOD OF PAY	_			Tuitic	on Rate pe	ER COURSE	Ξ		
 Cash/Check/Charge/Money Order* Financial Aid/Student Loans Employer Certified by VA Benefits Other 					☐ CHARGE ☐ REFUND% \$ ☐ LATE REGISTRATION [\$50.00] ☐ RETAKE				
*Registration will not be p	processed until p	ayment is received.							
STUDENT		D	ATE						
				**					
PROGRAM COORD	INATOR	D	ATE	Ι	DATE OF LA	ST ATTEN	DANCE (F	PROF SIGN.)	
BUSINESS MANAGI	ER	D	ATE		СН	AIR		DATE	



RETURN OF TITLE IV FUNDS

STATEMENT OF UNDERSTANDING

I	, understand that withdrawal from this class may result in my falling
Print Name	
period. I also understand that I may be at risk for required to return the overpayment to the Title	the required amount of calendar days during this 16-week academior financial aid overpayment and that Washington Adventist University is IV Program in the amount of federal funds I received in overpayment in 45 days of withdrawing from the class(es) will result in the return of
Student Signature	Date
