

GRADUATE PROJECT REGISTRATION FORM

WILSON COLLEGE

1015 Philadelphia Avenue, Chambersburg, PA 17201

First Name _____ MI _____ Last Name _____

Permanent Address _____

Home Telephone Number _____

Cell Number _____

County (PA only) _____

Local Address (if applicable) _____

Email _____

Employer _____ Telephone _____

Emergency contact name and telephone: _____

Student ID# _____

Social Security Number _____

Do you require handicap accessibility? ____ yes ____ no

Please list your anticipated graduation/completion

Year _____ Semester _____

COURSE REGISTRATION

Semester & Year	Course Number	Course Title
	LDR 597	Master's Project

It is the student's responsibility to inquire to the Office of Financial Aid to determine if she/he qualifies for Financial Aid for this semester. Please contact the Business Office with questions concerning payment. All payments must be made to the Business Office.

- **I agree that I am responsible for my financial obligation to Wilson College.**
- **Default of Financial Obligation**
 - I agree, that in default of any financial obligation to Wilson College, I agree to pay all costs and expenses incurred by Wilson College, including 25% collection agency cost and reasonable attorney fees, in collection of any sum that is due.
 - I agree that if I owe a financial obligation to Wilson College, Credit Bureau reports may be reviewed by collection agencies.
 - I understand that in the event of default that academic transcripts and grades will not be released until the debt is paid in full.
 - My signature confirms my understanding of the Financial Obligation as described above.

Student Signature _____ Date _____

Project Director Name (please print) _____

Project Director Signature _____ Date _____

**Graduate Program Director Signature _____ Date _____

** Please obtain the appropriate graduate program director's signature *before* submitting the form to the Office of the Registrar by the registration deadline.