

**GRADUATE  
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: _____		Social Security Number _____  Student ID# _____  Date of Birth _____ Gender F or M  This registration is for: Year _____ Semester _____  Are you a new Wilson student? ____ yes ____ no  If yes, have you previously completed credit courses at another institution? ____ yes ____ no  Student Classification: ____ Officially accepted to M. Ed. ____ Officially accepted to M.A. in Humanities ____ Non-Degree  Do you require handicap accessibility? ____ yes ____ no  Please list your anticipated graduation/completion Year _____ Semester _____
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**COURSE REGISTRATION**

Course Number & Section	Course Title	Day(s) & Time(s)

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 collection agency costs 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.

Degree-seeking undergraduate students must also complete the form requesting permission to enroll in a Graduate level course.

Student 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.