

FALL/WINTER 2009/2010 REGISTRATION FOR DCE

Student ID #: _____ Advisor: _____

Name: _____ Date of Birth: _____
Advisor's signature required for ALL on-campus undergraduates

Last *First* *Middle*

Day Phone: (_____) _____ Ext. _____ Email: _____

Linfield degree or certificate you are pursuing: _____

Please fill out below if: you are a *new* Linfield College student.
 you have changed your address or phone number.

Address: _____
Street City State Zip

Telephone: (_____) _____ (_____) _____
Home Work Ext.

Dept #	Fall Course Title	Hrs.	Credit or Audit	Location
Dept #	Winter Course Title	Hrs.	Credit or Audit	Location

Fall Tuition _____ credits @ \$320 per credit &/or _____ audit credits @ \$160 per credit.... \$ _____

or Deferred Plan _____ credits @ \$160 per credit (balance due via Deferred Payment Plan - MUST use form on page 16).... \$ _____

Winter Tuition _____ credits @ \$320 per credit &/or _____ audit credits @ \$160 per credit.... \$ _____

Late Registration Fee - \$50 (for registrations received after Tuesday, September 8, 2009 for Fall; see page 2).....+ \$ _____

Online and/or other fees (see individual class listings).....+ \$ _____

Make checks payable to: Linfield College Total Amount Enclosed \$ _____

Credit Card - Third Party Payment



Card Number: _____
VISA or MasterCard cards only

Exp. Date: _____ Amount \$: _____

FOR
OFFICE USE
ONLY

Student ID # _____

Check # _____

Amount \$ _____

Financial Aid

Have you submitted all required financial aid documents (FAFSA) and the Linfield application for financial aid (LAFA)? Yes No

Month/Year of anticipated graduation _____

Veteran's Benefits

Have you applied for Veteran's Benefits? _____
Chapter Number

YOU MUST SIGN BELOW IN ORDER FOR US TO PROCESS YOUR REGISTRATION

I PROMISE TO PAY Linfield College (or its agent) at 900 SE Baker, McMinnville, OR 97128-6894 tuition and ALL applicable fees and Educational Expenses on or before Nov. 30, 2009* for Fall, and if applicable, on or before Jan. 14, 2010* for Winter Term, or, by then, said sum will be paid by certain pending Financial Aid or Veteran's benefits. If not paid when due, this note shall be in DEFAULT and a \$25.00 late fee will be assessed per each late payment per month. A 1% Per Month Service Charge will be applied to any unpaid balance per school policy. I understand that if this note is in default, I may not be allowed to register for further classes or receive grades or transcripts and I may be denied other services. I agree to pay all accrued service charges, reasonable attorney fees, costs, disbursements and collection fees (those fees in addition to attorney fees which Linfield College may have incurred in attempting to collect the debt through a collection agency or other means), and any other interest, charges, expenses or penalties allowed by law. (This note is signed as a sealed instrument.) *Deadline for financial aid payments only.

SIGNATURE: _____ DATE: _____