

SUMMER 2009 REGISTRATION FOR DCE

Student ID #: _____ Advisor: _____

Advisor's signature required for ALL on-campus undergraduates

Name: _____ Date of Birth: _____
Last First Middle

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

Name of 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 # | Summer Course Title | Hrs. | Credit or Audit | Location |
|--------|---------------------|------|-----------------|----------|
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Summer Tuition _____ credits @ \$300 per credit &/or _____ audit credits @ \$150 per credit \$ _____

or Deferred Plan _____ credits @ \$150 per credit (balance due via Deferred Payment Plan - MUST use form on page 16) \$ _____

Late Registration Fee - \$50 (for registrations received after Friday, June 5, 2009; see page 2)..... + \$ _____

Online and Additional 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
 Student ID # _____
 OFFICE USE
 Check # _____
 ONLY
 Amount \$ _____

Financial Aid

Have you submitted all required financial aid documents and the Linfield application for financial aid? Yes
 Month/Year of anticipated graduation _____

Veteran's Benefits

Have you applied for Veteran's Benefits? _____
 Yes 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 July 30, 2009 for Summer 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.)

SIGNATURE: _____ DATE: _____