

# SUMMER 2007 REGISTRATION FOR DCE

Social Security #: \_\_\_\_\_ 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

Summer Tuition \_\_\_\_\_ credits @ \$265 per credit &/or \_\_\_\_\_ audit credits @ \$135 per credit .... \$ \_\_\_\_\_

or Deferred Plan \_\_\_\_\_ credits @ \$135 per credit (balance due via Deferred Payment Plan - MUST use form on page 16) .... \$ \_\_\_\_\_

Late Registration Fee - \$50 (for registrations received after Monday, June 11, 2007; 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, 2007 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: \_\_\_\_\_