

Semester: _____ Year: _____

Advisor _____

CHECK ALL THAT APPLY: Undergraduate Graduate Visiting
 New Student Caldwell Alumni Law Enforcement Employee Caldwell University Employee Caldwell University Spouse/Dependent Senior Citizen Auditor Senior Citizen (taking course for credit) High School/Dual Credit

STUDENT ID# LAST NAME FIRST NAME MIDDLE OR MAIDEN NAME

HOME ADDRESS

CITY STATE ZIP COUNTY

HOME PHONE WORK PHONE CELL PHONE

EMAIL

ADMITTING PROGRAM/MAJOR _____ SPECIALTY TRACK, IF ANY _____

Course #	Section	Course Title	Credits	Audit	Pass/Fail	Instructor's Approval

Waiver for Prerequisite:

Course # to be registered in _____

Prerequisite Course(s) which will be waived _____

Approval Signature-Department Chair of the Course _____

I understand that enrollment in classes at Caldwell University constitutes a contractual financial obligation to pay tuition and fees. I further understand my financial obligations are due by the set due date each semester.

It is my responsibility to know the University's drop and withdrawal policy including the deadlines. It is my responsibility to drop or withdraw myself from classes. **My failure to drop or withdraw in a timely manner does not relieve me from my financial responsibility to the University for tuition and fees and any other costs.**

I understand that nonattendance of classes does not classify as an official withdrawal, and does not relieve me of my financial obligation or entitle me to a refund.

I understand that enrollment will **not** be canceled for failure to pay my semester bill, but that I **will** incur late payment fees if not paid by the set due date each semester.

I understand that if I leave the University with an unpaid balance and do not make satisfactory payment arrangements, my account will be placed with an external collection agency, and I will be assessed collection costs of 33% of the original debt in addition to the balance owed.

STUDENT SIGNATURE/DATE

ADVISOR SIGNATURE/DATE