

Kellett School Graduate Program Registration Form

| | | | |
|---------------------------|--------------------|----------------------------------|-----------------|
| Name _____ | | E-Mail Address (required): _____ | |
| Social Security No. _____ | Student ID# _____ | [] Male [] Female | |
| Address _____ | | New address? [] Yes [] No | |
| City _____ | State _____ | Zip _____ | |
| Home Phone # _____ | Work Phone # _____ | Ext. _____ | Birthdate _____ |
| Employer _____ | | Job Title _____ | |

Have you previously taken graduate level courses at Lakeland? [] Yes [] No If no, please complete the following:
 Undergraduate degree: _____ Institution: _____ Year Completed: _____

Registration Policy: If you are a new student, an official transcript must be sent directly to your Kellett School advisor from your undergraduate institution before the first day of class. (Lakeland College transcripts need not be requested.)

Please register me for the following course(s):

(Please fill out course selection(s) including course number and section: e.g., BA700.01)

| DEPT. NO. | SEC. | COURSE TITLE | DAY OF WEEK | CENTER/ONLINE |
|-----------|------|--------------|-------------|---------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Payment Options:

(Check all options that apply.)

- I. [] **Payment in Full**
- II. [] **TMS Plan-Monthly Installments (Sign up at www.afford.com)**

III. Deferred Payment Options

The following options require a signed Credit Agreement, unless otherwise on file:

- A. [] **Monthly Installments**
- B. [] **Reimbursement by Employer**
 A completed Company Reimbursement Form must accompany your registration form.
 One payment with interest due within 45 days after term end.

- C. [] **Financial Aid**
 [] Grants [] Federal Loans
- D. [] **Military Benefits (Check all boxes below that apply.)**
 [] State of Wisconsin [] Chapter 30 [] Chapter 1606
 [] Chapter 1607(REAP) [] 2171 [] 1227 [] Chapter 31
 [] Chapter 35 [] Other

Amount Enclosed or Charged to Credit Card \$ _____

Method of Payment: [] Check/Cash/Money Order
 [] MasterCard [] VISA [] Discover

Credit Card No. _____

Exp. Date _____/_____/_____

Three-digit security code (on back of card) _____

Ethnic Background: The following information is needed for various government reports and is **not** used for admission.

Check One: [] Hispanic [] White Non-Hispanic [] Black Non-Hispanic [] Asian or Pacific Islander [] American Indian or Alaskan Native

Your response to the following question is mandatory. Your registration will not be processed without it.

Are you a U.S. citizen or Permanent Resident (Greencard holder)? [] Yes [] No [] Non-Resident Alien [] Visa Status: _____

Lakeland does not discriminate on the basis of sex, race, age, religion, national origin, veteran status, disability, handicap, marital/parental status or sexual orientation.

I have read the policies outlined in the academic catalog and fully accept my responsibility regarding admission, tuition, and, in particular, withdrawal. All balances are assessed a 1½% interest rate per month. Any defaulted accounts will be assessed fees.

X SIGNATURE _____ Date _____

| | |
|--|---|
| <p>Office Use Only</p> <p>App Amt _____ By _____ Due _____</p> | <p>Method of Payment</p> <p>[] Charge [] C.A. [] Cash [] Check [] PD\$ _____ Rec'd by _____ Date _____</p> |
|--|---|