

Wilkes University

SOE/Master Level • 84 West South Street • Wilkes-Barre PA 18766 • Telephone: 1-800-WILKES-U • www.wilkes.edu/GradEd
WILKES UNIVERSITY CONTINUING PROFESSIONAL EDUCATION REGISTRATION FORM (SBL COURSES ONLY)

Name: _____

Home Address: _____

City _____ State _____ Zip _____

E-mail _____ Home Phone _____

School District / Employer _____ Work Phone _____

Bachelor's Degree: Yes No; If yes, name of institution: _____

Master's Degree: Yes No; If yes, name of institution: _____

Previous Wilkes Student? Yes No; If yes, Wilkes Identification Number (WIN): _____

CRN#	COURSE & NO.	SEC.	COURSE TITLE

I apply to enroll in the courses listed above, recognizing that I have full academic and financial responsibility for these courses unless I withdraw officially with Wilkes University prior to the announced deadlines. By enrolling in non-credit courses, I agree to be graded on a pass/fail basis only. I understand that I will not receive graduate credit for these courses nor will I be able to convert them to credit at a later date.

••• PAYMENT INFORMATION •••

Complete all information, check payment option selected, sign & date below:

Semester: _____

Tuition Amount (\$675/CPE SBL Course) \$ _____

Application Fee (one-time \$45): \$ _____

Total Amount Due: \$ _____

____ PAYMENT ENCLOSED (Checks payable to: Wilkes University -- please write ID# on check)

____ I AUTHORIZE WILKES UNIVERSITY TO CHARGE MY TUITION TO MY CREDIT CARD

CREDIT CARD: Master Card _____ Visa _____ Discover _____ Account# _____
Expiration Date: _____ Amount \$ _____ Sec Code# _____
Card Holder Name: _____ Signature: _____

*Regardless of my school district's or employer's tuition reimbursement policy, I am liable for all charges for the above listed courses and I agree to pay Wilkes University for these courses prior to the start date of these courses.

I certify that I have read all of the above and agree to the terms and conditions noted therein. I understand failure to do so will result in non-registration for the courses and/or the placement of a financial hold on my account.

SIGNATURE (required): _____ DATE: _____