

Graduate Education • 84 W	'est South Street • Wilkes	-Barre PA 18766 • Tel	lephone: 1-800-WILKES-U	• www.wilkes.edu/GradEd
WILKES UNIVERSITY C	ONTINUING PROFESS	IONAL EDUCATIO	N REGISTRATION FORM	A (SBL COURSES ONLY)

Name:	
Home Address:	
City	StateZip
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	n 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*
Make checks payable to: Graduate Education
Wilkes University
84 West South St.
Wilkes-Barre, PA 18766

*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 nonregistration for the courses and/or the placement of a financial hold on my account.

SIGNATURE	(required):
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DATE: