



**FALL 2022**

**Wilmington College Cincinnati**

**COURSE SELECTION & REGISTRATION FORM**

ID#: \_\_\_\_\_ Class: \_\_\_\_\_  
 Name: \_\_\_\_\_ Program: **UNDG**



SS# (if no WC ID#): \_\_\_\_\_  
 Addr: \_\_\_\_\_ Last WC Session Enrolled: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Business Telephone: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_ Company: \_\_\_\_\_  
 Plan Grad (MONTH/YR): \_\_\_\_\_  
 DEGREE: **AB**  
 Major 1: \_\_\_\_\_ Major 2: \_\_\_\_\_

Concent 1: \_\_\_\_\_

Course No.	Section No.	Repeat?	Pass/ Fail	Title	Credit Hours	Drop/ Add

TOTAL: \_\_\_\_\_

*By registering for courses at Wilmington College, I accept responsibility for payment by the due date of all college charges assessed to my student account, including tuition and fees, and interest. I fully accept this debt as my personal financial responsibility. I acknowledge that non-attendance does not relieve me of financial responsibility for the courses in which I am enrolled and, that I will access my bill online to remain abreast of any outstanding balances. I both understand and agree that, should I fail to make the required full payment, enroll in the monthly payment plan, submit Employer Reimbursement form, or receive financial aid to meet the balance by the established deadline, I may be charged 1.5% interest on the unpaid balance and I will be restricted from registering for future terms, my transcripts and diploma will be placed on hold, and I may be denied other college services. In addition, I understand that accounts more than 120 days past due may be placed with a third-party collection agency. I will be responsible for paying the actual expenses incurred in connection with collection of this debt, including but not limited to attorney fees and court costs. I agree to reimburse Wilmington College the fees of any collection agency, which may be based on a percentage of the aggregate amount of the debt.*

Please circle your method of payment:

- Payment Plan    
  Employer Reimb    
  Fin Aid    
  Single Payment    
  Military Plan

STUDENT

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_ Adv: \_\_\_\_\_