

WEST LIBERTY UNIVERSITY
REGISTRATION FOR 65 PLUS PROGRAM
WV RESIDENTS ONLY

PERSONAL DATA:

NAME: _____ **S.S. No.:** _____
Last First M.I.

HOME ADDRESS: _____ **HOME PHONE:** _____
Street

_____ **WV COUNTY:** _____
City State Zip Code

BIRTHDATE: _____ **GENDER:** M _____ F _____

Previous West Liberty student? _____

Students taking a course(s) for credit will be charged 50% of the regular tuition and fee cost for in state residents. Students taking a course(s) for no credit/Audit will be charged \$50 per course.

REGISTRATION DATA:			Term Applying: _____
I wish to register for the course(s) listed below:			
DEPT.	COURSE #	TITLE	CREDIT/AUDIT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I understand that I am subject to the rules, regulations, procedures, and requirements, including course prerequisites, of the institution and the West Virginia Higher Education Policy Commission and that my enrollment is contingent upon availability of classroom space.

_____ **Student Signature** _____ **Date**

OFFICE USE ONLY

Credit: Yes _____ No _____ **Student Status:** _____
Audit: Yes _____ No _____ **Class Code:** _____
Date Processed/Initial: _____ **Major Code:** _____