



GRADUATE COURSE REGISTRATION

Semester/Term _____ 20____

- WAYS TO REGISTER:
- Log on to the Cavalier Center at www.walsh.edu (Alternate PIN required, obtain from advisor)
 - Bring this form to the Student Service Center in Farrell Hall
 - Mail this form to Walsh University, Student Service Center, 2020 East Maple Street, North Canton, Ohio 44720-3336
 - Fax this form to 330-490-7372.

During your advising session, verify with your advisor that a course is appropriate to take for your degree requirements. **You are responsible for your degree requirements.** Please consult the University Catalog and the Graduate Catalog for verification as well as consulting with your advisor.

COURSE #	COURSE TITLE	ROOM	M	T	W	H	F	S	SUN	CREDITS	REPEAT COURSE

Employer Reimbursement? Yes No Company: _____

TO BE COMPLETED BY ADVISOR: Student has approval to register for above listed courses Student has permission to register for more than 9 credit hours.

Comments: _____

Advisor's Signature _____ Date _____

PAYMENT OF TUITION AND FEES — WITHDRAWAL POLICY: Your enrolment at the University creates an implied contract for payment of tuition and fees. If you choose not to attend the University, you must officially withdraw from all courses within the first week of classes or you must pay all charges in full. Withdrawal must be made in writing through the Registrar's Office. Nonattendance of class or notification to an instructor or department does not constitute an official withdrawal. Withdrawal before the end of the first week of classes will cancel your financial obligation to the University. If no effort is made to pay outstanding bills, collection measures will be implemented. Refunds for tuition from all courses or a single course are based on the following schedules: FALL & SPRING SEMESTERS: Six (6) business days or earlier — 100% of tuition; Seven (7) business days or later — no refund. SUMMER SESSIONS: No refund paid for withdrawal from summer classes. First-time students who withdraw on or before the 60% point in time of the enrollment period for which they were charged shall receive a pro rata refund amount or an amount required by the Institution Refund Policy, whichever is larger.

I understand that should my student account become delinquent in excess of 150 days, Walsh University has the right to forward my account to a collection agency, and I will be responsible for all related collection costs.

I am aware of the University's policy on refunds. Initials: _____ Date: _____

Questions regarding registration should be directed to the Student Service Center, 330-490-7367.

SOCIAL SECURITY NO. <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
NAME (LAST)	(FIRST)	(MIDDLE)
Have you ever attended Walsh University? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, last completed term: _____ <input type="checkbox"/> Check if new address or phone number		
LOCAL STREET ADDRESS		
CITY	STATE	ZIP CODE
HOME PHONE	WORK PHONE	
STUDENT SIGNATURE		DATE