



Office of the Registrar
 2020 East Maple Street
 North Canton, Ohio 44720
 Phone: 330.490.7367
 Fax: 330.490.7372
 Email: registrar@walsh.edu

GRADUATE STUDENT REGISTRATION FORM

Semester/Term _____ 20____

REGISTRATION: Students may register on the Cavalier Center with a PIN @ www.walsh.edu. Registration forms can also be returned via e-mail, mail, fax or in person.

Students are strongly encouraged and/or required to meet with their academic advisor prior to completing this registration form. Some programs may require a meeting with an advisor prior to registration. You are responsible for meeting your degree requirements.

| COURSE # | COURSE TITLE | DEPT/CAT# | ROOM | TIME | M | T | W | H | F | S | SUN | CREDITS | REPEAT COURSE |
|----------|------------------------|-----------|-------|------|---|---|---|---|---|---|-----|---------|---------------|
| 20010 | Psychology of Learning | EDF601N | HC112 | 6-10 | | X | | | | | | 3 | NO |
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|--|------|--|----------------|
| | | 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 | |
| TO BE COMPLETED BY ADVISOR: <input type="checkbox"/> Student has approval to register for above listed courses. <input type="checkbox"/> Student has permission to register for more than 9 credit hours. | | STUDENT ID/SSN | |
| Advisor's Signature | Date | MAJOR | |
| <p>PAYMENT OF TUITION AND FEES — WITHDRAWAL POLICY: Your enrollment 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 6 business days of session 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 6 business days 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.</p> <p>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 of approximately 35%.</p> <p>I am aware of the University's policy on refunds. Initials: _____ Date: _____</p> | | NAME (FIRST) (MIDDLE) | |
| | | (LAST) | |
| | | LOCAL STREET ADDRESS | |
| | | CITY | STATE ZIP CODE |
| | | HOME PHONE | WORK PHONE |
| | | E-MAIL | |
| | | STUDENT SIGNATURE | DATE |

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