Name: ___________________________ Date: ___________________________
Street Address: _______________________________________________________
City, State Zip: _______________________________________________________
Phone: ___________________________ Email: _____________________________

Program Details:

Degree Program:
- Ph.D. [ ]
- Bachelor’s [ ] *
- Master’s [ ]
- Auditing [ ] **

* Mentor approval is required for undergraduate seminar attendees.
** Auditing students will receive no credit. To receive credit you must be enrolled in a degree program.

Note the following programs that are available to you at no additional charge:

Graduate Seminars
- February 13-14: Founders Constitution: Vol. 1, Cedar City
- April 27-May 1: CL900 Western Political Philosophy (held as part of the Winter 2009 Statesman Invitational)

On-Campus Courses
- All Cedar City Undergraduate and Graduate Course Lectures

* To register for these courses, please use the Graduate Seminar Registration Form available at [http://www.gw.edu/student/09winter_on.php](http://www.gw.edu/student/09winter_on.php)
** To register for these courses, please use the On Campus Registration Form available at [http://www.gw.edu/student/09winter_on.php](http://www.gw.edu/student/09winter_on.php)

Ph.D. Individual Study Program
(Indicate any additional courses you wish to register for):

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Title</th>
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* Available at no additional tuition cost for enrolled Ph.D. students only. Please consult with your mentor prior to registering.

Payment Options

- Auditing: Non-students and Students not currently enrolled $4,995.00 $ __________
- M.A. Students (B.A. with mentor approval only) $4,495.00 $ __________
- Ph.D. Students $4,995.00 $ __________
- Other (Please Specify)**: $ __________

Total amount to be paid: $ __________

Method of Payment: [ ] Check/Money Order [ ] Visa [ ] Master Card [ ] Discover [ ] Am Ex

Account Number: ___________________________ Exp. Date: __________
Billing Address: ___________________________
Name as it appears on the card: ___________________________
Signature of Cardholder: ___________________________

By signing, I authorize George Wythe University to collect appropriate payment as outlined above.

Student Agreement: ___________________________ Date: ___________________________

I have read and do understand that my enrollment and registration is governed by the terms and conditions outlined in the GWU Enrollment Agreement, available online.

George Wythe University
970 South Sage Drive • Cedar City, UT 84720
(435) 586-6570 office • (435) 586-3697 fax