GEORGE WYTHE University

GRADUATE HONORS PROGRAM

REGISTRATION SALT LAKE CITY - WINTER 2009

❶ Name: _____ Date: _____

Street Address: _____

City, State Zip: _____

Phone: _____ Email: _____

❷ **Program Details:**

Degree Program:

- ❑ Ph.D.
- ❑ Master's
- ❑ Bachelor'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.

❸ **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

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

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

_____ _____
Course Number Title

_____ _____
Course Number Title

* Available at no additional tuition cost for enrolled Ph.D. students only. Please consult with your mentor prior to registering.

❺ **Payment Options** (Please note: Housing is not provided)

❑ 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)**: _____		$ _____

*Auditing students will receive no credit.

** e.g. faculty discount, staff discount, lump sum, tuition trade, etc.

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.

For Office Use Only

RF _____ EV _____

PC _____ QB _____

PR _____ CRM _____

Sch_____ SS _____

SF_____

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