

WESLEYAN
UNIVERSITY



GRADUATE LIBERAL
STUDIES PROGRAM
284 HIGH STREET
MIDDLETOWN, CT 06459

GRADUATE LIBERAL STUDIES SUMMER 2009 REGISTRATION FORM

Fill out registration form and deliver to the GLSP Office by fax at (860) 685-2901 or in person or by mail to Graduate Liberal Studies Program, Wesleyan University, 284 High Street, Middletown, CT 06459.

NEW STUDENTS must also submit an Application for Admission along with this registration.

1. Personal Information *(all students must complete)*

Wesleyan ID#: _____

Name: _____

Address: _____

City, State, Zip: _____

Has your address changed since you last registered at the GLSP? Y N

Home phone: _____

Work phone: _____

Cell phone: _____

Phone number to contact you in the event of a campus emergency:

Home Work Cell

Other: _____

Email: _____

I have a physical disability/medical condition for which I require accommodation.

Check applicable information:

I am: Wesleyan faculty or staff in department:

Spouse/partner of Wesleyan faculty or staff.
Spouse/partner's name and department:

Eligible for the Wesleyan GMAT scholarship—school district:

2. Course Selection

Course ID: _____ Credit Audit

Course title: _____

Instructor: _____

Course ID: _____ Credit Audit

Course title: _____

Instructor: _____

Course ID: _____ Credit Audit

Course title: _____

Instructor: _____

Course ID: _____ Credit Audit

Course title: _____

Instructor: _____

3. Alternate Course Selection

Course ID: _____ Credit Audit

Course title: _____

Instructor: _____

4. Important: Read and Sign

I have read, understand, and agree to abide by the policies in the GLSP Student Handbook, as posted at www.wesleyan.edu/glsp. I have read the Honor Code and the Code of Non-Academic Conduct Regulations (as posted at www.wesleyan.edu/studenthandbook, University Standards and Regulations). I understand and accept my obligations as outlined in the codes, and I will uphold Wesleyan's standards.

Signature (required): _____

Date: _____

5. Payment

Registration fee \$100 \$ _____

Additional course fees \$ _____

Each 3-credit course \$2,022 \$ _____

Each audited course \$674 \$ _____

Total amount due: \$ _____

Payment in full is required upon registration.

Payment method:

Visa MasterCard Check made payable to Wesleyan University

Charge card number: _____

Expiration date: _____/_____/_____

Authorized signature: _____

OFFICE USE ONLY

Payment ID #: _____

Date Payment Processed: _____

Payment Processed By: _____

MMR: Yes No Exempt

Transcript: Yes No