

# CREDENTIAL SERVICE REGISTRATION FORM

Rosalind Adgers, Health Professions Assistant and Credential Service Coordinator  
Telephone: 860-685-3376 FAX: 860-685-2181  
health.professions.credential.service@wesleyan.edu

**As of JULY 1, 2011: The Credential Service will not accept new registrants other than those students/alum who have identified themselves as applicants to Health Professions Programs. As of JULY 1, 2005: Credential Service files will only be held for ten years and then destroyed.**

Name: \_\_\_\_\_ Class: \_\_\_\_\_

Wes Student ID #: \_\_\_\_\_

Campus Address: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_ State or Residence: \_\_\_\_\_

Home Phone (Please include Area Code): \_\_\_\_\_

Which Health Profession are you applying to? \_\_\_\_\_

**Medical and Dental** applicants' registration fee for the Committee Letter or Letter Packet Request is \$50. \_\_\_\_

**Veterinary Medicine** applicants' registration fee for the Committee Letter or Letter Packet Request is \$35. \_\_\_\_

**Credential Service Fee Waiver:** Applicants with extreme financial need may be eligible to receive a Fee Waiver and may apply by completing a "Credential Service Fee Waiver" form.

**You may charge this service to your student account until 30 March.** *I certify that I have read about and understand the Credential Service process. I am aware that the Credential Service will process and upload/mail my credentials only upon my written, signed request.* Requests by phone or e-mail not accepted.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

~~~~~  
**OFFICE ONLY**

**AMOUNT of PAYMENT RECEIVED: AMOUNT \$\_\_\_\_\_ .00**

**MODE OF PAYMENT: Cash \_\_\_\_\_ Check \_\_\_\_\_ Charge to Student Account \_\_\_\_\_**

**RECEIVED FEE WAIVER APPROVAL: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ N/A**