

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

Name: _____ Class: _____

Wes Student ID #: _____

Campus Address: _____

Cell Phone #: _____ E-Mail: _____

Home Address _____

_____ State of Residence: _____

Home Phone (Please include Area Code): _____ Cell Phone _____

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 2020. *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**