

Webster UNIVERSITY

Kansas City Metropolitan Campus

We now accept registration by FAX: (816) 444-1740

CLASS REGISTRATION

ACADEMIC YEAR: 2007 – 2008

TERM: Summer _____ Fall I _____ Fall II _____ Spring I _____ Spring II _____

Name _____ ID# _____ SS# _____

Address _____ City _____ State _____ ZIP _____

Home Phone _____ Work Phone _____ E-mail _____

Employer _____ **Degree: BA BSN MAT MBA MSN MA** _____
Program

Dept.	Course #	Section	Class Title	Cr. Hrs.

Advisor's signature: _____

Date: _____

Please check the appropriate method of payment:

___ **DB, VR, VA, TA – Direct billing** (circle one: Employer / Gov. Agency / V.A. / DESE / Parsons Blewett) A copy of the authorization to bill must be attached. The student agrees to pay any portion not covered by payer. Payer: _____

___ **ER – Employer reimbursement** – payable to student. Name of employer: _____
PAYMENT IS DUE BY THE STUDENT BY WEEK 9 OF THE TERM.

___ **TM – Deferred Tuition Plan** PLEASE COMPLETE THE SEPARATE APPLICATION ON-LINE:
<https://www.aeswebaccess.com/aes/welcome.asp?SCode=Webster0614>

___ **FA – Financial Aid**
Have you completed the FAFSA? Yes / No **Have you turned in the Webster Financial Aid Form?** Yes / No

___ **PD – Payment in Full.** Pay in full two weeks before the term begins or you will be automatically dropped from your class.

___ **TR – Tuition remission/exchange** Submit completed Tuition Remission application form to the Business Office two weeks before the term begins.

I understand and agree that I am fully and personally liable for all tuition and other fees and charges incurred by me to Webster University. If, at any time, any amount is not paid as and when due to Webster University, for any reason whatsoever, including without limitation, delay or error of a government entity, corporation or other third party, I agree to pay the entire amount due within ten (10) days of receipt of a request for payment. I further agree that Webster University shall have the right to withhold transcripts or diplomas related to my enrollment, cancel my enrollment for a current term and/or refuse my enrollment for future terms. If, at any time, my account is overdue or has been overdue in the past, Webster University reserves the right to refuse to allow me to participate in its Deferred Payment Plan. In the event that my account is referred to an agency or attorney for collection, I promise to pay, in addition to all amounts otherwise due to Webster University, the costs and expenses of such collection and/or representation, including, without limitation, reasonable attorney's fees and expenses (whether or not litigation is commenced), to the extent permitted by applicable law. I hereby acknowledge and agree that I will be bound by any instructions or authorizations I may give over the telephone to Webster University.

× _____
Student Signature

× _____
Today's Date