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Registration and Drop Form

Service Location: _____
Term: _____
ID#: _____
Name: _____
Email address: _____
Current Address: _____

Phone Number: _____
Cell Phone: _____
Method of Payment: _____
(e.g. Self pay, Financial Aid, Employer reimbursement)

PLEASE REGISTER ME FOR:

Dept & Course Number	Sec No.	Title

Registration cannot be completed without statement of payment method, and if Financial Aid is being used, application for aid must be made before registration)

PLEASE DROP THE FOLLOWING COURSES:

Dept & Course Number	Sec No.	Title

REASON: _____

Student Signature: _____ Advisor Signature: _____