



Goldey-Beacom College Student Schedule Worksheet

Returning Student Undergraduate Fall 20____ Spring 20____
 Re-entering Student Graduate Winter 20____ Summer 20____
 New Student Non-degree

Student ID# _____

Name _____

E-Mail _____

Address _____

Home# (____) _____

Work# (____) _____

COURSE NUMBER/SECTION	CHECK IF REPEAT	SESSION	MON	TUE	WED	THU	FRI	SAT	# OF CREDITS

PLEASE NOTE: Course selection cannot be reserved until past due balances are paid in full. Course schedules may be removed from the computer if payment is not received by the due date. A Late Registration/Payment fee will be assessed if payment is not made on time.

Total number of Credits _____ X \$ _____ Per Credit = \$ _____

Student Service Fee _____ X \$ _____ Per Credit = \$ _____

Total Amount Due \$ _____

I have read and understand the College's guidelines and policies as stated in this bulletin.

STUDENT'S SIGNATURE/DATE SUBMITTED

ADVISOR'S SIGNATURE/DATE INPUT

BANK CARD PAYMENT AUTHORIZATION

I am authorizing Goldey-Beacom College to charge my bank card for \$ _____, the total amount due, and have filled in the information requested below. **(Payment is charged when form is received.)**

Visa M/C Disc/Novus Amer Exp. Exp. Date _____ Print Name: _____

Account Number: _____ Signature: _____

For Office Use Only: Total Paid \$ _____ Initials: _____