Evangelism and Leadership MA 2008
SPRING REGISTRATION

WHEATON COLLEGE
501 E. College Ave., Wheaton, Illinois 60187-5593

NAME_____ STUDENT I.D._____
Last First Middle

BILLING ADDRESS_____

CLASSIFICATION _____ Degree Student _____ Special Student

Spring 2008

Check	**CRN** (Office Use Only)	Course Title	DEPT.	CAT NO.	CREDIT HOURS	INSTRUCTOR	DATES
	14193	Gospel and Imagination	EVAN	694-3	2	Richardson, Rick	Apr 23-26

I understand that I am responsible for all my student account charges, and agree to comply with all financial policies and conditions published in the College catalog. I understand if my account remains unpaid 60 days after enrollment ceases, it will be subject to credit bureau reporting, and I will be responsible for any principal, interest, late charges, and collection costs.
Additionally, my registration assumes I have read the Community Covenant in full and agree to abide by it. (Read the pledge at http://www.wheaton.edu/welcome/aboutus_community.html)

Signature _____ Date _____

Mail or fax this completed form to the Intercultural Studies Department, Wheaton College, 501 College Ave., Wheaton, IL 60187, 630.752.7125.