

# OGLETHORPE UNIVERSITY

## COMMUNITY COURSE REGISTRATION FORM

### STUDENT INFORMATION

Fields in **bold print** are required.

**First Name:**

Middle Name:

**Last Name:**

**Mailing Address:**  
(including city, state, zip code)

**Home Telephone:**

Mobile Telephone:

**Email Address:**

**Have you ever attended Oglethorpe University?**

**Name of course(s) you wish to take:**

### Withdrawal Policy

Written withdrawal requests (email, fax) must be received before 5:00 p.m. three business days prior to class start date, in order to receive a refund less a \$15 processing fee. A 50% refund is issued to requests received after the above deadline but before the class begins. No refunds are given after the class begins. Failure to attend class or a stop payment does not constitute withdrawal. If you fail to attend the class, you forfeit the full course tuition.

I accept the terms of the withdrawal policy stated above. My name typed in the signature box below constitutes an electronic signature.

**Signature of Applicant:**

**Today's Date:**

AMOUNT ENCLOSED:

Please choose one of the following payment methods:



Charge to my credit card:

**(Your enrollment is pending, subject to credit card verification offline.)**

**Credit Card Number:**

**Expiration Date:**

Select One



Select One



**Type of Credit Card:**

Select One



**Cardholder's Name:**

**Billing Address**

(including city, state, zip code)

Check here if same as mailing address

My name typed in the signature box below constitutes an electronic signature.

**Signature of Cardholder:**



I will print and mail this form with a check or money order.

**(Please submit this form online after you print it.)**

*Mailing address:*

Community Courses  
Attention: Lisa Littlefield  
Oglethorpe University  
4484 Peachtree Rd, NE  
Atlanta, GA 30319