

Walsh College encourages online registration for most professional development classes. If not possible, please use this form. Mail to Professional Development at Walsh College, P.O. Box 7006, Troy, MI 48007-7006 at least 10 days before the start of class. Fax to: 248-823-1045, or scan and email to: crush@walshcollege.edu.

<i>Please use your legal name as shown on driver's license or state I.D.</i>		
FIRST	MIDDLE	LAST
EMAIL ADDRESS		
MAILING ADDRESS		
CITY	STATE	ZIP
HOME PHONE	CELL PHONE	WORK PHONE
EMPLOYER NAME IF EMPLOYER IS PAYING TUITION		

COURSE NAME	
COURSE CODE NUMBER	COURSE FEE \$
DISCOUNT CODE	AMOUNT DUE \$
METHOD OF PAYMENT check ___ cash ___ credit card ___	
<p>Do not put card number on this form. Credit card numbers taken by phone or online only. Call 248-823-1238. If no answer, leave your name and number for a return call. Do not leave credit card numbers on voicemail.</p>	

Authorization: I authorize Walsh College to register me in the course selections listed above and accept full responsibility for the charges regardless of method of payment. Students wishing to cancel a class may initiate cancellation by email, phone or fax, and then must provide signed verification on the official cancellation form. Cancellations made 7 or more days prior to class start are fully refundable. There are no refunds after the 7th day before the class starts. I have read and understand the registration and cancellation policies and accept full responsibility for the accuracy of this form.

Signature _____ Date _____
(Required for processing)

<u>Office use only</u>		Colleague ID# _____
_____ Business Office	Colleague ID?	_____ Records
Y _____ (Enter # above. Give form to Records)		Register _____
N _____ (Give form to Admissions/Advising)		Notify Bus. Office to process payment _____

