

## **Non-Credit Language Course Registration Form**

For a current schedule of non-credit offerings, please visit www.oglethorpe.edu (keyword: noncredit). Please complete this form and return it to the Registrar's Office (Lupton Hall, 4484 Peachtree Road, NE, Atlanta, GA 30319) or fax to 404-504-1071. You may also contact Mrs. Rose Cunningham at 404-634-8016 with any questions.

Name:				SSN (last 4 digits only):	
	(Last)	(First)	(Middle or Initial)		
Mailing Address:				Phone/cell:	
				Alternate phone:	
	(City)	(State)	(Zip Code)		
Birth date: _		Male / Female	Have you ever attended Oglethorpe University? Yes / No		
ist the cour	se(s) you wish to	take and the meeting	g day of each:		
course tuitio	n. I accept the t	erms of the refund po	olicy stated above.	thorpe as explained above, you forfeit the full	
				Date: Date: s a check / money order for \$	
Credit Card N	Number:				
Expiration Da	ate://	Type of Cr	edit Card (please circle o	ne): Visa / MasterCard / American Express	
Amount in W	/ords:		dollars.	Amount in Figures: \$	
Billing Addre	ss of Credit Card	l:			
Cignoture of	Cardholder:				