

FALL 2015 REGISTRATION FOR DCE

Student ID #: _____ Advisor: _____

Name: _____ Date of Birth: _____
Last First Middle

Day Phone: (_____) _____ Ext. _____ Email: _____

Name of Linfield degree or certificate you are pursuing: _____ Please fill out below if: you are a *new* Linfield College student.
 you have changed your address or phone number.

Address: _____
Street City State Zip

Telephone: (_____) _____ (_____) _____
Home Work Ext.

Dept & No.	Section	Course Title	Credits	Cr/Audit	Location

Fall Tuition _____ credits @ \$465 per credit &/or _____ audit credits @ \$235 per credit \$ _____

Online and/or other fees (see individual class listings) + \$ _____

Make checks payable to: Linfield College Total Amount Enclosed \$ _____

(Make checks payable to: Linfield College, 900 SE Baker St. McMinnville, OR 97128 or pay at www.linfield.edu/webadvisor)

FOR OFFICE USE ONLY

Student ID # _____

Check # _____

Amount \$ _____

Financial Aid

Have you submitted all required financial aid documents (FAFSA) and the Linfield application for financial aid (LAFA)? Yes

Month/Year of anticipated graduation _____

Veterans' Benefits

Have you applied for Veterans' Benefits? _____ Chapter Number

**REGISTER ONLINE IF YOU HAVE COMPLETED YOUR LESA FORM.
 YOU MUST SIGN BELOW IN ORDER FOR US TO PROCESS YOUR REGISTRATION**

SIGNATURE: _____ DATE: _____