



**Winter Registration Form**

**Non-Wheaton Students**

*Please Print*

Legal Name \_\_\_\_\_  
Last First Middle/Maiden

SSN \_\_\_\_\_ Class Year \_\_\_\_\_

Permanent Address \_\_\_\_\_  
Street

City State Zip Country (if applicable)

( ) \_\_\_\_\_  
Preferred Phone Number E-mail Address

\_\_\_\_\_  
Date of Birth: Month Day Year Gender

Return this completed form to Wheaton College Winter Session, Office of the Registrar, 26 East Main Street, Norton, MA 02766.

**The per course tuition rate is \$2,975 and the technology fee is \$25 for the Winter term.**

CRN	DEPT	CRS #	Course Title	Tuition	Tech Fee	Lab Fees	Total
					25.00		

TUITION AND FEES: Payment must be paid online at [Campus Commerce](http://Campus Commerce) with an electronic check, ACH, or debit/ credit card(s). Online processing fees apply to debit and credit card payments. Registration may be revoked if payment is not received by published deadlines (see <https://wheatoncollege.edu/sfs>). We reserve the right to report and retrieve any credit bureau information concerning your financial obligations to Wheaton College. I understand that by signing I agree to pay all tuition and fees associated with the course(s) in which I am registering.

TUITION REFUND POLICY: Withdrawal before classes begin, 100% refund of tuition and fees. Withdrawal during the first two calendar days from the start of the class, 90% of tuition and fees. Withdrawal during the third and fourth calendar day from the start of the class, 50% of tuition and fees. No refund after the fourth calendar day from start of the class. Non-attendance does not constitute official withdrawal from a course(s). I have read and understand the [refund policy](http://wheatoncollege.edu/sfs) at [wheatoncollege.edu/sfs](http://wheatoncollege.edu/sfs) and am subject to the college's policies, terms, and conditions.

**By signing below, I agree that I am liable for any debt incurred during my attendance for the Wheaton courses I am registering for and I acknowledge the refund policy.**

\_\_\_\_\_  
Signature Date

**Office Use Only**

Payment Method _____	Date _____	Init _____	SFAREGS _____	New Student _____
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