



SOE/Master Level 84 West South Street Wilkes-Barre PA 18766 Telephone: 1-800-WILKES-U www.wilkes.edu/GradEd  
 WILKES UNIVERSITY CONTINUING PROFESSIONAL EDUCATION REGISTRATION FORM (SBL COURSES ONLY)

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Home Phone \_\_\_\_\_

School District / Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Yes  No; If yes, name of institution: \_\_\_\_\_

Maste  Yes  No; If yes, name of institution: \_\_\_\_\_

Previous Wilkes Student?  Yes  No; If yes, Wilkes Identification Number (WIN): \_\_\_\_\_

CRN#	COURSE & NO.	SEC.	COURSE TITLE

I apply to enroll in the courses listed above, recognizing that I have full academic and financial responsibility for these courses unless I withdraw officially with Wilkes University prior to the announced deadlines. By enrolling in non-credit courses, I agree to be graded on a pass/fail basis only. I understand that I will not receive graduate credit for these courses nor will I be able to convert them to credit at a later date.

**PAYMENT INFORMATION**

Application

Fee (one-time \$45): \$ \_\_\_\_\_

Total Amount Due: \$ \_\_\_\_\_

\_\_\_\_ PAYMENT ENCLOSED (Checks payable to: Wilkes University -- please write ID# on check)

\_\_\_\_ I AUTHORIZE WILKES UNIVERSITY TO CHARGE MY TUITION TO MY CREDIT CARD

CREDIT CARD: Master Card \_\_\_\_\_ Visa \_\_\_\_\_ Discover \_\_\_\_\_ Account# \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_ Amount \$ \_\_\_\_\_ Sec Code# \_\_\_\_\_  
 Card Holder Name: \_\_\_\_\_ Signature: \_\_\_\_\_

listed courses and I agree to pay Wilkes University for these courses prior to the start date of these courses.

I certify that I have read all of the above and agree to the terms and conditions noted therein. I understand failure to do so will result in non-registration for the courses and/or the placement of a financial hold on my account.

SIGNATURE (required): \_\_\_\_\_ DATE: \_\_\_\_\_