

ENROLLMENT FORM

ALL APPLICATIONS MUST BE ACCOMPANIED BY TUITION

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____

City: _____ State/Zip _____

Day Phone: _____ Evening Phone: _____

Fax: _____ Email Add: _____

Birthdate: _____ SSN # : _____

Male/Fem. _____ **LMU ID#** _____

Please register carefully. Requests for refunds or withdrawals must be submitted in writing and are granted in accordance with the policies of Loyola Marymount University

Term **Spring** Year **2008**
Fall, Spring, Summer

CRN No Course No. Course Title Tuition

80946	RELX 954.03	Catholic Bible Inst. I - Audit / Enrichment	\$290.00
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Total Tuition			\$290.00
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MARKETING INFORMATION

HAVE YOU PREVIOUSLY ATTENDED ANY LMU EXTENTION COURSES?

TELL US HOW YOU HEARD ABOUT US?

From a Friend?	<input type="checkbox"/>	Small Brochure?	<input type="checkbox"/>
8 1/2 x 11 Catalog	<input type="checkbox"/>	Saw An Ad or Flyer? Where?	<input type="checkbox"/>
Searched The Web?	<input type="checkbox"/>	Other?	<input type="checkbox"/>

PAYMENT INFORMATION

Please charge \$ _____ to the following credit card: _____

Account Number: _____ Exp Date: _____ CCV#: _____

Cardholder name exactly as on card _____ Cardholder Zip Code (if different from student's) _____

ATTACHED IS A CHECK IN THE AMOUNT OF: _____ **(please make check payable to Loyola Marymount University)**

REGISTRATION TAKEN BY: _____