

ALL APPLICATIONS MUST BE ACCOMPANIED BY TUITION.

Have you previously attended LMU? Yes No

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

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Evening Phone: _____

Fax: _____ Email Address: _____

Date of Birth: ____/____/____ Social Security Number: ____ - ____ - ____

Male Female

(for registration purposes only)

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.

FALL SPRING SUMMER 20____

CRN NUMBER	COURSE NUMBER	COURSE TITLE	TUITION

Total Tuition \$ _____

Payment Information:

Enclosed is a check for \$ _____ (please make payable to *Loyola Marymount University*)

Please charge \$ _____ to the following credit card: Visa Mastercard Expiration Date: _____

Account Number: _____

Cardholder's Name: _____ Cardholder's Zip Code: _____
(please print clearly) (if different from student's)

Cardholder's Signature: _____

Mail to: LMU Extension, Loyola Marymount University, 1 LMU Drive, Suite 1840, Los Angeles, CA 90045
or fax to: 310.338.2706