

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 #	Optional	
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 Fall, Spring, Summer	<input type="text"/>	Year	<input type="text"/>
------------------------------	----------------------	------	----------------------

CRN No	Course Title	Tuition
Total Tuition		

MARKETING INFORMATION

HAVE YOU PREVIOUSLY ATTENDED ANY LMU EXTENTION COURSES?

TELL US HOW YOU HEARD ABOUT US?		From a Friend?	<input type="text"/>	Small Brochure?	<input type="text"/>
8 1/2 x 11 Catalog	<input type="text"/>	Saw An Ad or Flyer? Where?	<input type="text"/>		
Searched The Web?	<input type="text"/>	Other?	<input type="text"/>		

PAYMENT INFORMATION

Please charge \$	<input type="text"/>	to the credit card # below: NOTE—We accept MasterCard and Visa Cards only.		
Account Number:	<input type="text"/>	Exp. Date:	<input type="text"/>	CCV#
Cardholder name exactly as on card	<input type="text"/>	Cardholder Zip Code (if different from student's)	<input type="text"/>	

ATTACHED IS A CHECK IN THE AMOUNT OF:	<input type="text"/>	(please make check payable to Loyola Marymount University)
--	----------------------	---