

# 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 Fall, Spring, Summer	<b>SPRING</b>	Year	<b>2008</b>
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CRN No	Course No.	Course Title	Tuition
80945	RELX 954.03	Catholic Bible Inst. I	\$290.00
Total Tuition			\$290.00

## MARKETING INFORMATION

HAVE YOU PREVIOUSLY ATTENDED ANY LMU EXTENTION COURSES?					
TELL US HOW YOU HEARD ABOUT US?		From a Friend?		Small Brochure?	
8 1/2 x 11 Catalog		Saw An Ad or Flyer? Where?			
Searched The Web?		Other?			

PAYMENT INFORMATION		Visa	Mastercard
<b>Please charge \$</b>		to the following credit card:	
Account Number:		Exp Date:	CCV#:
Cardholder name exactly as on card		Cardholder Zip Code (if different from student's)	

<b>ATTACHED IS A CHECK IN THE AMOUNT OF:</b>		<b>(please make check payable to Loyola Marymount University)</b>
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<b>REGISTRATION TAKEN BY:</b>	
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