



GEORGE FOX UNIVERSITY

Registration Form

School of Professional Studies

Full name _____
FIRST MIDDLE LAST

Preferred name _____ George Fox Student ID Number (if known) _____

Mailing address _____
CITY STATE ZIP

E-mail address _____ Cell phone _____

Home phone _____ Work phone _____

Please check which semester you are registering for: Fall (Sept.–Dec.) Spring (Jan.–April) Summer (May–Aug.)

Call#	Course Desired (Course # and Title)	Start Date	Location

I understand that I am responsible for payment of all my tuition, fees, and other charges related to attending George Fox University. I understand that all charges must be paid in full or that my account must be current with a payment plan to be able to attend each semester. If my account is past due, I understand that I will be charged a 1% per month (12% APR) finance fee on the unpaid account balance and that official transcripts and/or my diploma will be withheld until I have met all financial obligations to the university. If my account becomes delinquent, I will be responsible for additional costs necessary to enforce payment, including collection and attorney fees.

I understand that I must submit official George Fox forms (either on paper or online) to change classes or withdraw from classes. I understand and agree that any tuition adjustments will be made to my account based upon the date I make the change and per university policy.

SIGNATURE

DATE

New students only: I have submitted my application and materials for general admission. Yes No

Please return this form to:

Oregon Students

School of Professional Studies
George Fox University
12753 S.W. 68th Ave.
Portland, OR 97223
503-554-6165 • 888-888-0178
FAX 503-554-6111

Idaho Students

School of Professional Studies
George Fox University
1810 S. Eagle Road
Meridian, ID 83642
208-375-3900 • 800-749-4369
FAX 208-375-3564

ADVISOR INITIALS

DATE