



Extended Education
Marrowstone Music Festival

Summer 2018

Required Information

Name: <i>Please print</i> (Last, First, M.)		Previous Name:	WWU Student #:
Mailing Address:		City:	State: Zip:
Day Phone:	Home Phone:	E-mail Address:	
<input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth: M/D/Y	Social Security # (optional):	
Previous application or attendance at WWU? <input type="checkbox"/> No <input type="checkbox"/> Yes, Quarter _____ Year _____	Are you currently a Washington State resident? <input type="checkbox"/> No <input type="checkbox"/> Yes, from: _____ to _____ <small>Mo/Yr Mo/Yr</small>	Check one: <input type="checkbox"/> U.S. citizen <input type="checkbox"/> U.S. permanent resident <input type="checkbox"/> Non U.S. resident <input type="checkbox"/> Other If you are not a U.S. citizen and live in the U.S., list Resident Alien number or country and U.S. visa type along with date granted:	

Registration Information: To receive credit, submit registration form by August 3, 2018

Course Choice	CRN	Subject (Prefix)	Course Number	Credits	Course Title	Tuition
	31195	MUS	173	1	Marrowstone Orchestra Week One	\$50
	30196	MUS	181	1	Marrowstone Chamber Music Week One	\$50
	30723	MUS	173	1	Marrowstone Orchestra Week Two	\$50
	30722	MUS	181	1	Marrowstone Chamber Music Two	\$50
Mandatory Fee - Legislative Action Fee						\$1
Total:						

X _____
Student Signature Date

***YOU ARE INCURRING A LEGAL DEBT!** I understand that by submitting this form, I am incurring a legal debt to WWU and will not be released from that debt unless I follow required schedule change procedures and deadlines. It is my responsibility to obtain information regarding University registration/withdrawal policy.

For Office Use Only: Receipt & Confirmation Holds

Please apply charges to Student Account

Note to SBO: Return form to ExtEd, MS 9102

PAYMENT INFORMATION (U.S. Funds Only)! ► Payment must be included at time of registration.

WWU/Extended Ed. will send you an e-receipt and confirmation of registration upon receipt of completed registration form with payment.

Submit Registration & Payment to:
Extended Education
College Hall 133
Bellingham, WA 98225

Secure FAX: (360) 788-0854
(registrations with credit card payments only)

Check/Money Order payable to WWU
 Visa MasterCard AmEx Discover Expiration Date: _____
 Card Number: _____
 Signature: _____