

Social Security Number _____

NAME

Last _____

First _____ MI _____

Date of Birth _____

PERMANENT HOME ADDRESS

Street _____

City _____

State _____ Zip _____

Home Phone _____ Campus Box # _____

Degree Program (AA, AS, BA, BS)	Major	Name of Advisor
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ENROLLMENT FORM

All information must be completed

Check one:

- New Student (*First time ever enrolling at HLG*)
- Continuing HLG Student (*Returning from preceding term*)
- Readmit (*Attended HLG before last term*)
When did you last attend? _____

Student Type (Check one as applies to this term only)

- Full-time student (*Resident*)
- Full-time student (*Commuter*)
- Part-time student
- Early Admission student
- Non-degree seeking student
- Audit only student



HANNIBAL-LAGRANGE UNIVERSITY

2800 Palmyra Road Hannibal, MO 63401

573-221-3675 800-HLG-1119

www.hlg.edu

Today's Date

This enrollment is for:

Year	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer
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Commuter Students: Do you have Wednesday classes before noon?

Yes No (*If yes, you are required to attend chapel.*)

Dept	Course #	Section	Course Title	Credit

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My parents claim me on their income taxes Yes No

Total # of Credits _____

Student Signature

Date

Advisor Signature

Date

CHARGES

Tuition	\$ _____	Room & Board	\$ _____
Overload	\$ _____	Health Insurance	\$ _____
Music Fee	\$ _____	Parking Fee	\$ _____
Stu Teach Fee	\$ _____	Lab Fees	\$ _____
General Fee	\$ _____	Other	\$ _____

YOU ARE NOT OFFICIALLY REGISTERED UNTIL PAYMENT ARRANGEMENTS ARE COMPLETE!

PLEASE KEEP YOUR COPY OF THIS FORM

NOTE: Changes to this schedule and/or withdrawals from HLG must be completed on the official form in the Registrar's Office. The refund policy is published in the current catalog.

Rev. 11/10