

Educational Information

High School Name: _____ Phone: (_____) _____
Address: _____
City/State/Zip: _____
Date of Graduation _____
Have you taken the ACT test? Yes No If yes, when? _____
Do you have a GED? Yes No If yes, what year was it completed? _____

Course Selection

Please list below the courses you wish to take.

1. Course Number _____ Title _____
Tuition \$ _____
2. Course Number _____ Title _____
Tuition \$ _____
3. Course Number _____ Title _____
Tuition \$ _____
4. Course Number _____ Title _____
Tuition \$ _____

Financial Worksheet

Total tuition of course(s) listed	\$ _____
Matriculation fee (new student)	\$ _____
Materials (Books, Workbooks, etc.)	\$ _____
TOTAL AMOUNT DUE	\$ _____

If you wish to pay in full at enrollment please include a check, money order or credit card information for this amount. If you wish to make use of time payment plan, please include a check or money order for the matriculation fee, materials, and at least 25% of the tuition. Additional payments will need to be made monthly until balance is paid off.

**Please mail this completed application
and the proper payment to:**

Distance Learning Office
Hillsdale FWB College
P O Box 7208
Moore, OK 73153
Phone: (405) 912-9020
FAX: (405) 912-9044
Email: xstudies@hc.edu

Card: ____VISA ____MASTERCARD

Name on card _____

Card # _____

Expiration
Date _____ Amount _____

Signature _____