



Lourdes Institute of Wholistic Studies

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COURSE REGISTRATION FORM

(Please print)

Name: _____ Date: _____

Address: _____

City _____ State _____ Zip _____

Telephone (H): _____ (C): _____

E-Mail: _____

Are You On a Payment Plan? Yes No

Semester: Fall Spring Summer Year: _____

	COURSE NAME	START DATE	COST
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$
6.			\$
7.			\$
8.			\$