

**The University of Montana Western**  
**REGISTRATION FINALIZATION FORM SUMMER 2010**

Name: \_\_\_\_\_ ID #: \_\_\_\_\_

1. I understand that by accepting charges, I am confirming attendance and responsible for providing the Registrar's and Financial Aid Offices notification if I withdraw or stop attending.
2. If Financial Aid is available to me, I want to apply Financial Aid to my charges.
3. I understand that my registration is not complete until all fees are paid or until fee payment arrangements have been made. I understand this is a legal and binding contract with the University of Montana - Western. I promise to pay for any costs or fees incurred by this institution in the collection of any balance outstanding on my student account, including any costs or fees incurred by collection agencies.
4. All UMW students are required to have health insurance. Student insurance coverage is \$523.00 for summer semester and is automatically assessed at the 7th credit. Student insurance coverage can be waived if evidence of personal insurance is provided below before May 24, 2010.

(Check One)

- Yes, I need UMW health insurance.
- No, I have personal health insurance. My policy is:

Policy Name: \_\_\_\_\_ Policy Group Number: \_\_\_\_\_

**5. THIRD PARTY SPONSOR**

A Third Party Sponsor will pay some or all of my charges, i.e. Vocational Rehab, Job Service, Head Start, other.

(Check One)

- Yes, I have informed Business Services
- No, I have no Third Party Sponsor

**6. BOOKSTORE AUTHORIZATION**

Please assess \$ \_\_\_\_\_ to my account and include this charge in my Deferred Payment Contract or apply my financial aid to this charge. (Authorizations will not be allowed after refunds are issued.)

Signature Required: \_\_\_\_\_ Date: \_\_\_\_\_

By signing this form I agree to the terms and conditions stated on this form in its entirety.

**Please return this form to:**  
The University of Montana Western  
Attn: Business Services  
710 S. Atlantic-Dillon, MT 59725  
PH: (406)683-7101 FAX: (406)683-7493