

CLASS SCHEDULE AND STATEMENT OF FEES

----->VERIFY THE FOLLOWING - ANY CORRECTIONS? CALL 942-3948 <-----

E-MAIL ADDRESS:
FIELD OF STUDY:

ID NUMBER:
TUIT CLS: 1 IN-DISTRICT
HOME PHONE:
WORK PHONE:

CODE#	COURSE ID	TITLE	DAYS	TIME	LOCATION	CREDIT
11558	1470-132-007	MATH -PRECALCULUS II TR		700P- 920P	IC 2027	5.000
10470	1130-151-014	CHEMI-PRINCIPLES CHE MW		700P-1020P	IC 2049	5.000

TOTAL CREDITS 10.000

DISREGARD THIS NOTICE IF PAYMENT HAS BEEN MADE.
FULL PYMT. MUST BE MADE BY 08/16/02. IT IS YOUR RESPONSIBILITY TO DROP CLASSES.
STATEMENT OF FEES

STATEMENT OF FEES	AMOUNT	CONTINUED	AMOUNT
ADMISSION/RECORDING FEE	0.00	PREVIOUS BALANCE CURRENT QTR	0.00
TUITION	430.00	PRIOR QUARTERS	0.00
NON-CREDIT COURSE FEE	0.00	LESS PREVIOUS PMTS CURRENT QTR	0.00
OTHER FEES	0.00	LESS PAYMENTS	0.00
COURSE/LAB FEE	15.00	LESS TENTATIVE FA AWARDS	0.00
DROP/ADD FEES	0.00	LESS REFUNDS	0.00
TOTAL THIS TRANSACTION	\$445.00	TOTAL BALANCE DUE BY 08/16/02	\$445.00

Tuition receipts must be itemized (show all tuition and fees). See next page for zero balance.

<p>PLEASE SEE REVERSE SIDE FOR IMPORTANT INFORMATION FOR PAYMENT BY CHECK OR MONEY ORDER PLEASE PUT YOUR SOCIAL SECURITY NUMBER ON THE FRONT OF THE CHECK FOR PROPER CREDIT. YOUR CANCELLED CHECK IS YOUR RECEIPT. -----CUT--HERE-----CUT-- STUDENT IDENTIFICATION CARD ----- **VALID 09/19/02-12/15/02** COLLEGE OF DUPAGE GLEN ELLYN, IL 60137 X..... SIGNATURE</p>	<p>RETURN THE PORTION BELOW WITH PAYMENT TO: COLLEGE OF DUPAGE ATTN: 425 FAWELL BLVD. CASHIER: GLEN ELLYN, IL 60137-6599 -----CUT-HERE----- FOR PAYMENT BY CREDIT CARD M/C() VISA() DISC() AMEX() CREDIT CARD NUMBER _____ CARD EXPIRATION DATE ___/___ CARDHOLDER'S NAME _____ CARDHOLDER'S TELEPHONE(____)____-____ H BALANCE DUE \$ 445.00 E R OPTION-\$1.00 OR MORE E FOR STUDENT SCHOLARSHIPS _____ NEW BALANCE DUE BY 08/16/02 _____ ENTER AMOUNT OF PAYMENT _____</p>
--	---

PRINT DATE:08/16/2002
EXTENSION DATE:00/00/0000

COLLEGE OF DUPAGE
(630) 942-2800

FALL QUARTER(20031)
09/19/2002-12/15/2002

CLASS SCHEDULE AND STATEMENT OF FEES

----->VERIFY THE FOLLOWING - ANY CORRECTIONS? CALL 942-3948 <-----
E-MAIL ADDRESS:
FIELD OF STUDY:

ID NUMBER:
TUIT CLS: 1 IN-DISTRICT
HOME PHONE:
WORK PHONE:

CODE#	COURSE ID	TITLE	DAYS	TIME	LOCATION	CREDIT
11558	1470-132-007	MATH -PRECALCULUS II TR		700P- 920P	IC 2027	5.000
10470	1130-151-014	CHEMI-PRINCIPLES CHE MW		700P-1020P	IC 2049	5.000

TOTAL CREDITS 10.000

DISREGARD THIS NOTICE IF PAYMENT HAS BEEN MADE.

STATEMENT OF FEES	AMOUNT	CONTINUED	AMOUNT
ADMISSION/RECORDING FEE	0.00	PREVIOUS BALANCE CURRENT QTR	445.00
TUITION	0.00	PRIOR QUARTERS	0.00
NON-CREDIT COURSE FEE	0.00	LESS PREVIOUS PMTS CURRENT QTR	0.00
OTHER FEES	0.00	LESS PAYMENTS	445.00-
COURSE/LAB FEE	0.00	LESS TENTATIVE FA AWARDS	0.00
DROP/ADD FEES	0.00	LESS REFUNDS	0.00
TOTAL THIS TRANSACTION	\$0.00	ZERO BALANCE - DO NOT PAY	\$0.00

Tuition receipts must also indicate a zero balance to show that there is no money due to Fermilab.

PLEASE SEE REVERSE SIDE FOR
IMPORTANT INFORMATION

FOR PAYMENT BY CHECK OR MONEY ORDER

PLEASE PUT YOUR SOCIAL SECURITY NUMBER ON THE FRONT OF THE CHECK FOR PROPER CREDIT. YOUR CANCELLED CHECK IS YOUR RECEIPT.
-----CUT--HERE-----CUT--
STUDENT IDENTIFICATION CARD

VALID XXXXXXXXXXXXXXXXXXXX
COLLEGE OF DUPAGE
GLEN ELLYN, IL 60137
NAME: XXXXXXXXXXXXXXXXXXXXXXXX
ID#: XXXXXXXXXXXX
X.....
SIGNATURE

RETURN THE PORTION BELOW WITH PAYMENT TO:
COLLEGE OF DUPAGE ATTN:
425 FAWELL BLVD. CASHIER:
GLEN ELLYN, IL 60137-6599
-----CUT-HERE-----
FOR PAYMENT BY CREDIT CARD

M/C() VISA() DISC() AMEX()
CREDIT CARD NUMBER _____
CARD EXPIRATION DATE ___/___
CARDHOLDER'S NAME _____
CARDHOLDER'S TELEPHONE () - _____
H BALANCE DUE \$.00
E
R OPTION-\$1.00 OR MORE
E FOR STUDENT SCHOLARSHIPS _____
NEW BALANCE DUE BY _____
ENTER AMOUNT OF PAYMENT _____



Thirty North Brainard Street
Naperville, Illinois 60540

REGISTRATION STATEMENT

ID NO.	DATE	TERM
	11/12/02	03/WI

NAME:

ACADEMIC MAJOR(S):

ANTICIPATED DEGREE:

ANTICIPATED COMPLETE DATE: 10/02/04

03/WINTER TERM REGISTRATION STATEMENT - PAYMENT DUE DECEMBER 13, 2002

COURSE	INSTRUCTOR	DAYS	MEETING TIMES	BLDG. / ROOM	START DATE	CREDITS CEU's	CRS STAT
BUS*641*1 Econometric Appl for Busi	T. Clifton	W	06:30PM 10:30PM	G 37	01/06/03	3.00	New

TOTAL CREDITS: 3.00

Tuition Receipts must be itemized (show all tuition and fees). See next page for zero balance.

DATE	INVOICE	CODE	DESCRIPTION	CHARGE	CREDIT
11/08/02	000066476		Registration - 03/WI		
		H14	Technology Fee	20.00	
		R40	Graduate studies tuition chg	1,572.00	

Balance Forward (01/06/03)	0.00
Current Charges	1,592.00
Total Charges	1,592.00
Payments (Cash, Chk, CC)	0.00
Financial Aid Transmitted	0.00
Financial Aid Remaining	0.00
Amount Paid by Sponsors	0.00
Amount Paid by Deposits	0.00
Other Payments	0.00
Balance Due:	1,592.00


NORTH CENTRAL COLLEGE
Founded 1861
 Thirty North Brainard Street
 Naperville, Illinois 60540

RECEIPT

Receipt No.: 000031044

Date: 11/26/02

Page: 1

Received From:

Description: 001 Payment

ACCOUNT	TYPE	G/L AMOUNT	G/L NUMBER	PAYMENT TYPE	PAYMENT AMOUNT
	01	1,592.00	11-00000-1231-000	DI	1,592.00

TOTAL:

1,592.00

A receipt that shows a payment amount that is equal to the amount on the bill is acceptable to indicate a zero balance.

Cashier: _____