



# Change of Enrolment Date

## Personal Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ English Name (if you have) \_\_\_\_\_

TWU Student ID (if known) \_\_\_\_\_

**Which semester you prefer to defer to or come in advance:**

Year \_\_\_\_\_  Spring (January - April)  Summer (May - August)  Fall (September - December)

## Credit Card Payment

**Payment of TWU fees:**

I authorize Trinity Western University to charge my credit card as follows: (Please print clearly)

Name on Card \_\_\_\_\_  MasterCard  Visa

**Process Fee: C\$60.00**

Credit Card Number \_\_\_\_\_ CVC # \_\_\_\_\_ Expiry Date (mm/yyyy) \_\_\_\_\_

**Credit Card Holder's Signature** \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_