

## COURSE ADD FORM

*Please fill out, sign and submit this completed form if you wish to ADD a course. Completed forms can be emailed to [info@birthingway.edu](mailto:info@birthingway.edu), mailed, or walked in to our office (by appointment).*

Legal First Name	Legal Middle Initial	Legal Last Name
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**Term and Year** \_\_\_\_\_ **Date** \_\_\_\_\_

Course Name	Course Number	Course Fee	Course Pack Fee	Lab Fee	Total
<b>TOTAL (I have included payment or funds are available on my account for this)</b>					

**Student signature (REQUIRED)** \_\_\_\_\_

Office Use Only: Date/time/payment/initial _____
Please route in this order: <input type="checkbox"/> FIN <input type="checkbox"/> REG <input type="checkbox"/> MPC

Birthingway College of Midwifery – 4997 SW Normandy Place, Beaverton, OR, 97005 – 503-760-3131 – birthingway.edu

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