

COURSE REGISTRATION FORM

Quarter Winter **Spring** Summer Fall **Year:** 2010

1) STUDENT INFORMATION

Name:	Home Phone: ()
Mailing Address:	Work Phone: ()
	Cell Phone: ()
City	State Zip
Social Security #:	E-mail address:

2) ENROLLMENT STATUS (Check one)

	Method of Instruction	PROGRAM	LEVEL
<input type="checkbox"/> Audit	<input type="checkbox"/> Residential Student	<input type="checkbox"/> Accounting	<input type="checkbox"/> B.A <input type="checkbox"/> MA <input type="checkbox"/> MBA <input type="checkbox"/> Doctorate <input type="checkbox"/> Certificate
<input type="checkbox"/> Enrolled in Degree Program		<input type="checkbox"/> Advertising	
<input type="checkbox"/> Enrolled in Certificate Program		<input type="checkbox"/> Aviation	
<input type="checkbox"/> Enrolled as Extension Student (If checked: Extension Enrollment Agreement form required)		<input type="checkbox"/> Business Administration	
<input type="checkbox"/> Enrolled as Conditional Student (Admissions in process)		<input type="checkbox"/> Communication	
	<input type="checkbox"/> Online Student	<input type="checkbox"/> Doctor of Psychology	
	<input type="checkbox"/> Dual Registration (both)	<input type="checkbox"/> Expressive Arts Therapy	
		<input type="checkbox"/> Fashion Design	
		<input type="checkbox"/> Hospitality Management	
		<input type="checkbox"/> Humanistic Studies	
		<input type="checkbox"/> Information Technology	
		<input type="checkbox"/> Integrative Nursing Care	
		<input type="checkbox"/> Marketing	
		<input type="checkbox"/> MFT	
		<input type="checkbox"/> Psychobiomechanics	
		<input type="checkbox"/> Sport Couns./Psychology	
		<input type="checkbox"/> Transpersonal	

3) COURSE REGISTRATION

-----Check one-----

Prefix	Course #	Course Title (please check catalogue)	Credit	Audit	# of units	Online Session #	Class Fee
CPS (SAMPLE)	603	Developmental Psychology	x		5	2	\$1200

(Audit fee = \$600; BA = \$180 per unit or \$900 for 5 units; MA, Ph.D. & Certificate = \$240 per unit or \$1200 for 5 units)

TOTAL DUE FOR TUITION: _____

4) ADDITIONAL FEES

DESCRIPTION	DATE DUE	AMOUNT	
APPLICATION FEE	Non-refundable one-time fee	At time application is submitted	\$60.00
REGISTRATION FEE	Partially non-refundable one-time fee	At time of initial registration or acceptance (which ever comes first)	\$175.00
PAY-AS-YOU-GO MONTHLY FEE	Processing fee for deferred payments	\$5.00 per each payment	\$15.00
LATE REGISTRATION FEE	Penalty for late registration	At time of registration	\$50.00
COMPREHENSIVE EXAM FEE	For qualified students only	At time of registration	\$150.00
		Re-take fee	\$90.00

TOTAL DUE FOR FEES: _____

ADD TOTAL OF TUITION: _____

TOTAL OF TUITION AND FEES: _____

Quarter

[] Winter

 Spring

[] Summer

[] Fall

Year: 2010

Please Note: Registration will not be processed without payment.

For pay-as-you-go plan please sign and send a monthly partial tuition payment agreement form. You can download the form from our website: www.sduis.edu

5) PAYMENT INFORMATION

PAYMENT PLAN (Check one)	PAYMENT METHOD (Check one)	PAYMENT AMOUNT
<input type="checkbox"/> Payment in Full	<input type="checkbox"/> Cash (payment in full) <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit Card Card No. _____ Expiration Date: _____ Signature: _____	\$
<input type="checkbox"/> SDUIS Student Loan		\$
<input type="checkbox"/> Pay-as-you-go Monthly(Check) (Partial-monthly-payments) (send all 3 checks with registration form)	<input type="checkbox"/> 3 Checks (2 post-dated) <u>1st check by March 15, 2010</u> <u>2nd check: April 15, 2010</u> <u>3rd check May 15, 2010</u>	\$
<input type="checkbox"/> Pay-as-you-go Monthly(Credit card) (Partial-monthly-payments)	<input type="checkbox"/> I authorize automatic payments <u>1st payment by March 15, 2009</u> <u>2nd payment: April 15, 2010</u> <u>3rd payment: May 15, 2010</u> Card No. _____ Expiration Date: _____ Signature: _____	\$
<input type="checkbox"/> Other		\$

DROP/REFUND POLICY

All students who wish to drop a class must submit an Add/Drop form to the Registrar, or may drop on the University's website. Forms are available at the Administrative Office or at www.sduis.edu. **Classes cannot be dropped by telephone or email.** Refunds will be prorated for classes dropped, less a \$25 processing fee per class. Refunds are based on the last date of attendance for residential classes, or the last time the student logged on for distance learning courses. If a refund is requested, SDUIS will issue a check within 30 days from the drop date.

POLICY TO ADD A CLASS

Students who add a class after the registration deadline are assessed a \$50 late registration fee.

STUDENT'S FINANCIAL RESPONSIBILITY STATEMENT

My signature below signifies that I accept responsibility for payment for educational services rendered in accordance with SDUIS' policies regarding enrollment in classes. I acknowledge that it is my responsibility to pay for all hours of attendance in any class unless I have submitted a signed Add/Drop form canceling my enrollment as noted above.

Signature: _____ Date: _____