

COURSE REGISTRATION FORM

Quarter [] Winter [X] **Spring** [] Summer [] Fall **Year:** 2011

1) STUDENT INFORMATION

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

2) ENROLLMENT STATUS (Check one)

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

3) COURSE REGISTRATION

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

Prefix	Course #	Course Title (please check catalogue)	Credit	Audit	# of units	Online Session #	Class Fee
<i>CPS</i>	<i>603</i>	<i>DEVELOPMENTAL PSYCHOLOGY</i>	<i>x</i>		<i>5</i>	<i>2</i>	<i>\$1200</i>

(Audit fee = \$600; BA = \$180 per unit or \$900 for 5 units; MA, Ph.D. & Certificate = \$240 per unit or \$1200 for 5 units) **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
COMPREHENSIVE BUSINESS PROJECT	For qualified students only	At time of registration \$600.00

TOTAL DUE FOR FEES: _____
ADD TOTAL OF TUITION: _____
TOTAL OF TUITION AND FEES: _____

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
[] Payment in Full	[] Cash (payment in full) [] Check # _____ [] Credit Card	\$
[] SDUIS Student Loan		\$
[] Pay-as-you-go Monthly(Check) (Partial-monthly-payments) (send all 3 checks with registration form)	[] 3 Checks (2 post-dated) <u>1st check by March 15, 2011</u> <u>2nd check: April 15, 2011</u> <u>3rd check May 15, 2011</u>	\$
[] Pay-as-you-go Monthly(Credit card) (Partial-monthly-payments)	[] I authorize automatic payments <u>1st payment by March 15, 2011</u> <u>2nd payment: April 15, 2011</u> <u>3rd payment: May 15, 2011</u>	\$
[] Other		
If using a credit card, please complete the following: ⇒	<p>Card Type (circle one): M/C VISA DINERS CLUB AMEX DISCOVER</p> <p>Card Number: _____</p> <p>Expiration Date: ____/____/____</p> <p>Authorization Code: _____</p> <p>_____</p> <p>Card Holders Name (exactly as it appears on the credit card)</p> <p>Maximum Charge Amount: \$ _____</p> <p>Months authorized to run credit card payment: From ____/____/____ To ____/____/____</p> <p>I _____ authorize San Diego University for Integrative Studies to charge tuition payment and related fees for _____.</p> <p>_____</p> <p>Card Holder Signature</p> <p>_____</p> <p>Card Holder Name (PRINT)</p> <p>_____</p> <p>Date Of Signature: ____/____/____</p>	

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: _____