



COURSE REGISTRATION FORM

Quarter [] Winter [] Spring [X] Summer [] Fall **Year:** 2017

1) STUDENT INFORMATION

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

2) ENROLLMENT STATUS (Check one)

	PROGRAM	LEVEL
<input type="checkbox"/> Audit <input type="checkbox"/> Enrolled in Degree Program <input type="checkbox"/> Enrolled in Certificate Program <input type="checkbox"/> Enrolled as Extension Student <small>(If checked: Extension Enrollment Agreement form required)</small> <input type="checkbox"/> Enrolled as Conditional Student <small>(Admissions in process)</small>	<u>Method of Instruction</u> <input type="checkbox"/> Residential Student <input type="checkbox"/> Online Student <input type="checkbox"/> Dual Registration <small>(both)</small>	<input type="checkbox"/> Accounting <input type="checkbox"/> Advertising <input type="checkbox"/> Business Administration <input type="checkbox"/> Communication <input type="checkbox"/> Doctor of Psychology <input type="checkbox"/> Executive Leadership <input type="checkbox"/> Expressive Arts Therapy <input type="checkbox"/> Family Leadership <input type="checkbox"/> Fashion Design <input type="checkbox"/> Graphic 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"/> Marriage & Family Therapy <input type="checkbox"/> Psychobiomechanics <input type="checkbox"/> Sport Coach/Comm/Mgmt <input type="checkbox"/> Sport Couns./Psychology <input type="checkbox"/> Transpersonal <input type="checkbox"/> Web Design
		<input type="checkbox"/> B.A <input type="checkbox"/> MA <input type="checkbox"/> MBA <input type="checkbox"/> Doctorate <input type="checkbox"/> Certificate

3) COURSE REGISTRATION

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

Prefix	Course #	Course Title (please check catalogue)	Credit	Audit	# of units	Online Session #	Course 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; BA in Business= \$78 per unit of \$390 for 5 units; MA, Ph.D. & Certificate = \$240 per unit or \$1200 for 5 units Counseling & Psychology; Master's in Business=\$120 per unit or \$600 for 5 units)

TUITION: _____

4) ADDITIONAL FEES

DESCRIPTION	DATE DUE	AMOUNT	
APPLICATION FEE	Non-refundable one-time fee	At time application is submitted	\$75.00
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

Please Note: Registration will not be processed without payment & payment information.

TOTAL DUE FOR FEES: _____

ADD TOTAL OF TUITION: _____

TOTAL OF TUITION AND FEES: _____

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5) PAYMENT INFORMATION: Please Note - Registration will not be processed without payment & payment information provided in the appropriate space at the time of registration.

PAYMENT PLAN (Check one)	PAYMENT METHOD (Check one)	PAYMENT AMOUNT
[] Payment in Full	[] Cash (payment in full) [] Check # _____ [] Credit Card (Please fill out the credit card section below)	\$
[] SDUIS Student Loan	Please fill out the credit card information below if paying by credit card.	\$
[] Pay-as-you-go Monthly (Check) Partial-monthly-payments - send all 3 checks with registration form	[] 3 Checks (2 post-dated) 1 st check by <u>June 15, 2017</u> 2 nd check: <u>July 15, 2017</u> 3 rd check <u>August 15, 2017</u>	\$
[] Pay-as-you-go Monthly (Credit card) Partial-monthly-payments; please fill out the credit card information below	[] I authorize automatic payments 1 st payment by <u>June 15, 2017</u> 2 nd payment: <u>July 15, 2017</u> 3 rd payment: <u>August 15, 2017</u>	\$
[] Other (Ex. In-person, email)		
[] Automatic Payments	Please fill out the credit card information below if paying by credit card.	
For all students paying by credit or debit card, please complete the following. All fields must be completed. => You must select one of the options below: [] Payment in Full [] Automatic Payments	Card Type (circle one): M/C VISA AMEX DISCOVER Card Number: _____ Expiration Date: ____/____/____ Authorization Code: _____ Card Holder's Name (Print) (exactly as it appears on the credit or debit card) Card Holder's Signature _____ Date _____ I _____ authorize San Diego University for Integrative Studies to charge tuition payment and related fees for _____. (Quarter/Year) Maximum Charge Amount: \$ _____ Months authorized to run credit or debit card payment: From ____/____/____ To ____/____/____	

DROP/REFUND POLICY

All students who wish to drop a course must submit an Add/Drop form to the Registrar. Forms are available at the Office of the Registrar and Admissions. **Courses cannot be dropped by telephone or email.** Refunds will be prorated for courses dropped. Refunds are based on the last date of attendance for residential courses, or the last time the student logged on for distance learning courses. If a refund is due, SDUIS will issue a check within 45 days from the drop date.

POLICY TO ADD A COURSE

Students who add a course 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 courses. I acknowledge that it is my responsibility to pay for all hours of attendance in any course unless I have submitted a signed Add/Drop form canceling my enrollment as noted above.

Signature: _____

Date: _____