



**Augustine Institute- Easter Break 2010**

**Registration & Tuition Payment Form**

3001 S Federal Blvd – Box 1126 – Denver, CO 80236

(303) 937-4420 voice

(303) 468-2933 fax

**ATTENTION ALL STUDENTS:** Registration forms are due in the office by November 5, 2009. Registration forms received after November 5<sup>th</sup> will incur a \$50 late fee. Late registration forms will not be processed unless accompanied by \$50 via cash or check payable to the Augustine Institute.

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Title, First, Middle, Last Name

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Street Address

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City, State, Zip

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Email Address

please check if this is new information

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Home Phone

Cell Phone

Work Phone

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Full or Part-time

Program BT/SS/EC  
Biblical Theology/Sacred Scripture/  
Evangelization & Catechesis

Anticipated  
Date of Graduation

Degree/  
Non-Degree/Audit

**Please select the course(s) for which you would like to register by placing a check (√) in the box to the left of the Course Number listed below.**

	Course Number	Title	Program	Professor	Credit Hours	Day	Time
	LEAD 603	The New Evangelization & Culture	EC	Dr. R. Jared Staudt	2	4/6/2010 – 4/9/2010	8:30am – 4:00pm
	*						

\*other – not listed

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Student's Signature

Date

**PLEASE COMPLETE TUITION PAYMENT FORM ON REVERSE SIDE -  
INCOMPLETE REGISTRATION AND TUITION PAYMENT FORMS WILL BE RETURNED**

**Please list any scholarships you have received (if applicable):**

Name of Scholarship or Work Study	% of Tuition Costs
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**Tuition Calculations: Cash discount offered for payment by cash, check or money order.**

Total # of Credit Hours this Semester	_____ x	Cash Discount	\$580 per hour	\$ _____
Total # of Credit Hours this Semester	_____ x	Credit Card	\$595 per hour	\$ _____
Total # of Audited Courses this Semester	_____ x	Cash Discount	\$275 per hour	\$ _____
Total # of Audited Courses this Semester	_____ x	Credit Card	\$285 per hour	\$ _____
		Amount of Scholarship		- \$ _____
		<b>Tuition Subtotal</b>		\$ _____
		Non-Refundable Student Activity Fee		
		Per Class \$30 x _____ no. of classes =		+\$ _____
		<b>Total Tuition Due</b>		\$ _____

**All students – please read and sign below:** Students who withdraw from the Augustine Institute before the end of an academic semester will be charged for tuition on a pro rata basis, according to the date of withdrawal. No report cards, transcripts or diplomas are issued for students who are not in good standing with the Augustine Institute Office. Similarly, students are not permitted to register unless they are in good standing with the Augustine Institute Office from previous semesters.

*I understand and agree to the terms stated above: Printed Name, Signature & Date*

**1. Full Payment Options - Please check one:**

- I have enclosed the full amount of tuition due
- I will send a check for the full amount by the tuition deadline of January 11<sup>th</sup>. I understand that failure to do so will result in a \$25 late fee. **Please mark your calendar - reminders are not sent.**
- Please bill my credit card on the tuition deadline for the full amount of tuition due

**2. Payment Plan Options - all payment plan options will incur a 5% Finance Fee**

Total Tuition Due	\$ _____	<b>Terms of Payment Plan Contract:</b> Each payment of \$ _____ will be due on the 1 <sup>st</sup> of each month.
Additional 5% Finance Fee	+ \$ _____	<b><u>Please mark your calendar - reminders are not sent.</u></b> Easter Break – April 1 <sup>st</sup> , May 1 <sup>st</sup>
Total Payment Plan Tuition Due	= \$ _____	Please mail or deliver your payments by check to the Augustine Institute (credit cards will be charged on the 1 <sup>st</sup> of each month). Failure to pay by check by the stated deadlines will result in a \$25 late fee for each late payment, no exceptions.
2 Payments due on the 1 <sup>st</sup> of each month	\$ _____	

**3. Credit Card Information**

\_\_\_\_\_  
Name as it appears on the credit card

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
CV2 (3 digit number on the back of card)

\_\_\_\_\_  
Billing Address for Credit Card - *Only if different from information on the front side*

\_\_\_\_\_  
City, State, Zip

Date received in office: \_\_\_\_\_