



Augustine Institute
Summer 2012
Class Registration & Tuition Payment Form
 3001 S Federal Blvd – Box 1126 – Denver, CO 80236
 (303) 937-4420 voice - (303) 468-2933 fax

ATTENTION RETURNING STUDENTS: Registration forms are due in the office by November 3, 2011. Registration forms received after November 3, 2011 will incur a \$100 late fee. Late registration forms will not be processed unless accompanied by \$100 via cash or check payable to the Augustine Institute. **Students must be in good standing with the Augustine Institute Office prior to registration.**

Title, First, Middle, Last Name

Street Address please check if this is new information

City, State, Zip

Email Address please check if this is new information

Home Phone

Cell Phone

Full or Part-time Program BT/EC/SS/ST/YM 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.

*other – not listed

Course Number	Title	Concentration	Credit Hours	Day	Time
CAYM 606	SUMMER CLASS – PROF JIM BECKMAN Youth Culture and Pastoral Ministry	YM	2.0	Tues-Fri May 29-June 1	8:00am – 4:30pm
**LEAD 618	SUMMER CLASS – Dr Staudt The New Evangelization & Culture	See Below	1.0	Mon-Tues June 4-5	8:00am – 4:30pm
**LEAD 616	SUMMER CLASS – Curtis Martin Leadership for the New Evangelization	See Below	1.0	Wed-Thur June 6-7	8:00am – 4:30pm
THEO 502	SUMMER CLASS – Dr Innerst Dogmatics: The Creed	EC/SS/BT/ST/YM	2.0	Mon-Thur June 11-14	8:00am – 4:30pm
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** LEAD 616 & LEAD 618 must be taken together and will substitute for either CATE 601 (EC/ST/YM) or CATE 609 (EC/SS/BT/ST). **Please CIRCLE the class you would like to substitute.** As of Fall 2012, LEAD 601 & LEAD 603 will no longer be offered on-campus and are being condensed as CATE 609: Leadership, Culture, and the New Evangelization. CATE 601 and CATE 609 will both be offered in the Fall 2012 semester.

**PLEASE COMPLETE TUITION PAYMENT FORM ON REVERSE SIDE
 INCOMPLETE FORMS WILL NOT BE PROCESSED.**

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

Name of Scholarship(s) or Work Study % of Tuition Costs

Catholic School Scholarship Recipients – please confirm that you are still working as a Catholic School Teacher by checking this box and please name school where you are teaching: _____

Tuition Calculations: Cash discount offered for payment by cash, check or money order.

Total # of Credit Hours	_____ x	Cash Discount	\$610 per hour	\$ _____
Total # of Credit Hours	_____ x	Credit Card	\$625 per hour	\$ _____
Total # of Audit Credit Hours	_____ x	Cash Discount	\$305 per hour	\$ _____
Total # of Audit Credit Hours	_____ x	Credit Card	\$320 per hour	\$ _____
		Amount of Scholarship		- \$ _____
		Tuition Subtotal		\$ _____

Summer Student Activity Fee (Non-Refundable) \$30 x _____ number of classes* = +\$ _____

***LEAD 618 & 616 combined are one class** **Total Tuition & Fees Due** **\$ _____**

PLEASE READ CAREFULLY AND SIGN BELOW:

Students who wish to drop a class or change their status from credit to audit must do so before the end of the first day by submitting to the registrar an “Add/Drop Form”. A full refund of tuition will be given for a dropped class and the difference in tuition will be refunded for a change from credit to audit. Students who wish to withdraw from the class must do so before the end of the second day by submitting to the registrar a “Withdrawal Form” in order to receive a “W” which designates an honorable withdrawal from the course. Twenty percent (20%) of tuition will be refunded for a withdrawal. Students who take courses for credit are responsible for completing all coursework by the assigned deadlines. No report cards, transcripts or diplomas are issued for students who are not in good standing with the Augustine Institute Office.

By signing, I understand and agree to the terms stated above. Please print your name, sign and 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 April 1st. I understand that failure to do so will result in a **\$100** 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 Option - *Not available for students who are auditing.*
A non-refundable \$50 Administration Fee applies and is due with the 1st payment.

Total Tuition Due	\$ _____			<u>Please mark your calendar - reminders are not sent.</u>
3 Payments due on the 1 st of each month	\$ _____			April, May, and June 1 st
\$50 Administration Fee due with 1 st payment	+ \$50			Please round to the nearest dollar.
1 st Payment Tuition Due April 1 st	= \$ _____			Please mail or deliver your payments by check to the Augustine Institute. Failure to pay by check by the stated deadlines will result in a \$100 late fee for each late payment, no exceptions.
2 nd & 3 rd Payment Due May and June 1 st	= \$ _____			

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)
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Billing Address for Credit Card - ***Only if different from information on the front side*** City, State, Zip

Signature of Cardholder Date REV 12/14/11