



Augustine Institute
Winter and Spring Intensive 2012
Class Registration & Tuition Payment Form

3001 S Federal Blvd – Box 1126 – Denver, CO 80236 - (303) 937-4420 voice - (303) 468-2933 fax

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.

✓	Course Number	Title	Program	Credit Hours	Day	Time
	CAYM 607	WINTER BREAK CLASS - Prof Beckman Youth and Family Ministry	YM	2.0	Tues - Fri Jan 3-6	8:00am – 4:30pm
	SCRP 501	WINTER BREAK CLASS - Dr Sri Salvation History	EC/SS/BT/ST/YM	2.0	Mon-Thurs Jan 9-12	8:00am – 4:30pm
	SCRP 504	SPRING BREAK CLASS - Dr Gray Pauline Literature	EC/SS/BT/ST/YM	2.0	Mon, Wed, Thur March 5, 7, 8	8:00 – 3:30pm
					Tues March 6	8:30 – 2:30pm
					Archbishop Lecture Series (Optional)	3:00 – 4:30pm & 7:00 – 8:00 pm
					Friday March 9, 2012	8:30 – 2:30pm
	*					

*other – not listed

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

Pease 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 \$ _____

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

***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 Jan 3rd, 2012. 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 \$ _____ **Please mark your calendar - reminders are not sent.**
January, February, and March 1st

3 Payments due on the 1st of each month \$ _____

\$50 Administration Fee due with 1st payment + \$50 Please round to the nearest dollar.

1st Payment Tuition Due Jan 1st = \$ _____

2nd & 3rd Payment Due Feb and March 1st = \$ _____

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.

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

Signature of Cardholder

Date