



ALBERTUS MAGNUS COLLEGE  
The Division of Accelerated Degree Programs

# Summer Registration Form

Current Albertus Student  Visiting Student  8 Week Session  6 Week Session  YEAR: 2013  
(must complete page 2)

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_  
 \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 HOME PHONE ( ) \_\_\_\_\_ WORK/CELL PHONE ( ) \_\_\_\_\_

### COURSE SELECTION

Course No.	Title	Credits
Total credits		

### ALTERNATE COURSE SELECTION

--	--	--

### REFUND POLICY

Students dropping a course must complete an Add/Drop Form and pay the \$10 add/drop fee at that time. Failure to officially drop a course may result in a penalty grade of "F" and full charge to the student. Computer lab fees and art fees are refundable only if the course is cancelled by the college.

Refund of tuition will be made according to the following schedule:  
 100% tuition refund prior to the second class meeting.  
 50% tuition refund prior to the third class meeting.  
**NO REFUND AFTER THE THIRD CLASS MEETING.**

The Refund Policy considers both on-ground and virtual class meetings as listed on the schedule.

### TUITION AND FEES

Tuition \$ \_\_\_\_\_  
 Fees  
 Art Studio \$50.00  
 Computer Lab \$50.00  
 Late Registration \$20.00  
 Other \$ \_\_\_\_\_  
 TOTAL AMOUNT DUE: \$ \_\_\_\_\_

---

OFFICE USE ONLY

Date Paid \_\_\_\_\_ Initials \_\_\_\_\_

### PAYMENT

Payment Method (Check all that apply)

Cash       Check # \_\_\_\_\_  
 Credit Card (Please use the Payment Form)  
 \*Direct Bill     Financial Aid

\*Direct Bill Company Name \_\_\_\_\_

\*Authorization letter attached?  Y     N

**ACCEPTANCE OF THIS REGISTRATION FORM CONSTITUTES YOUR ENROLLMENT**

I understand and agree that I will be responsible for payment in full of my bill on the day of discharge. If I do not make payment in full at said time, I agree to pay the additional sum of 1.5% per month on the outstanding balance, together with all costs of collection including collection agencies, court costs and attorney's fees. I understand and accept the policies and procedures stated in the current course catalog.

STUDENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ADVISOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



ALBERTUS MAGNUS COLLEGE  
The Division of Accelerated Degree Programs

# Visiting Student Information Form

---

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Registered For: 8-Week  or 6 Week

High School Graduate: Yes  No

Currently Enrolled in College: Yes  No

**Required: Please submit a transcript for prerequisite verification.**

**All documents must be submitted before classes start.**