ALBERTUS MAGNUS COLLEGE
Office of Continuing Education - Accelerated Degree Program

Registration Form

MOD/SESSION # YEAR

Entered in Computer_____

LAST NAME FIRST NAME

SOCIAL SECURITY # EMAIL ADDRESS

STREET ADDRESS

CITY STATE ZIP

HOME PHONE ( ) WORK 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.

PAYMENT

Payment Method (Check all that apply)

☐ Cash ☐ Check #_____ ☐ Credit Card ☐ *Direct Bill ☐ Financial Aid

*Direct Bill Company Name_____ *Authorization letter attached? ☐ Y ☐ N

Credit Card Number and Authorization

Expiration date ☐☐ — ☐☐ ☐ MasterCard ☐ Visa ☐ Discover

Card Number and 3-Digit Authorization Code (Last three digits on back of card.)

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I authorize the use of my credit card account. _____
Signature

TUITION AND FEES

Tuition $_____

Fees

☐ Application	$35.00
☐ Art Studio	$50.00
☐ Computer Lab	$50.00
☐ Late Registration	$20.00
☐ Matriculation	$25.00

TOTAL AMOUNT DUE: $_____

OFFICE USE ONLY
Date Paid_____ Initials_____

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

RETURN COMPLETED REGISTRATION FORM, TUITION, AND FEE PAYMENT TO:
Albertus Magnus College, Office of Continuing Education, 700 Prospect Street, Aquinas Hall 105, New Haven, CT 06511-1189.
PHONE: 203-773-8505 FAX: 203-773-5257 EMAIL: adp_info@albertus.edu