



ALBERTUS MAGNUS COLLEGE
School of Evening and Graduate Programs

Graduate Registration Form

Graduate Program: _____ MOD: 1 2 3 4 5 Year: _____ Entered in Computer _____

For Semester Long Programs ONLY: FALL SPRING SUMMER

LAST NAME _____ FIRST NAME _____

STUDENT ID # _____ EMAIL ADDRESS _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE () _____ WORK/CELL PHONE () _____

COURSE SELECTION

Course No.	Title	Credits
Total credits		

ALTERNATE COURSE SELECTION

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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

Application \$50.00
 Art Studio \$50.00
 Computer Lab \$50.00
 Late Registration \$40.00
 Other \$ _____

TOTAL AMOUNT DUE: \$ _____

OFFICE USE ONLY

Date Paid _____ Initials _____

PAYMENT

Payment Method (Check all that apply)

Cash Check # _____
 Credit Card (Please use the SEGP 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 _____

RETURN COMPLETED REGISTRATION FORM, TUITION, AND FEE PAYMENT TO:
 Albertus Magnus College, School of Evening and Graduate Programs, 700 Prospect Street, New Haven, CT 06511-1189.
 PHONE: 203-773-8505 FAX: 203-773-5257