



INSTITUTE FOR THE PSYCHOLOGICAL SCIENCES

CLASS REGISTRATION AND ENROLLMENT AGREEMENT FORM

SEMESTER _____ YEAR _____

Name: _____
 Last First Middle

Current Address: _____

CLASS REGISTRATION

Course#	Course Description	Please Circle	Credit Hours	Rate per credit hour (\$645 for credit; \$322 for Audit)	Fees (Credit Hours x Tuition or Audit Rate)
		Credit or Audit		\$645 or \$322	
		Credit or Audit		\$645 or \$322	
		Credit or Audit		\$645 or \$322	
		Credit or Audit		\$645 or \$322	
		Credit or Audit		\$645 or \$322	
Total					

I certify that I have advised the student of the appropriate courses required for his or her program of study.

Faculty Advisor Signature: _____

Date: _____

Receipt and Acceptance of Class Registration and Enrollment Agreement Form

This Agreement is accepted on behalf of the Institute for the Psychological Sciences and constitutes official enrollment in the courses indicated and is subject to Institute policies and procedures incorporated herein, including any payment arrangements specified in other agreements.

Date Received: _____

Method of Payment: _____

Authorized Institute Official:

I hereby register for the above courses. I understand that this registration is subject to the Institute's terms, policies, procedures, and conditions incorporated herein and do hereby agree to abide by these terms, policies, procedures, and conditions. I further acknowledge receipt of the *Drug and Alcohol Abuse Prevention Program* information provided with the Registration Packet and Schedule of Classes.

Student Signature _____

Date _____