



2001 Jefferson Davis Highway, Suite 511, Arlington, VA 22202  
 Telephone: (703) 416-1441; FAX: (703) 416-8588; E-mail: [info@ipsciences.edu](mailto:info@ipsciences.edu)

## CLASS REGISTRATION AND ENROLLMENT AGREEMENT

# SUMMER 2007

Name:

Last                      First                      Middle

Current Address:

### CLASS REGISTRATION

Course#	Course Description	Please Circle	Credit Hours	Rate per credit hour (\$706 for MS students; \$716 for PsyD)	Fees (Credit Hours x Tuition Rate)
		Credit or Audit			
		Credit or Audit			
		Credit or Audit			
		Credit or Audit			
		Credit or Audit			
<b>Total</b>					

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

**Faculty Advisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Business Office**                     
  **Registrar's Office**                     
  **Financial Aid Office**

# CLASS REGISTRATION AND ENROLLMENT AGREEMENT FORM – Page 2

## INCORPORATED TERMS

### Terms of Agreement

I agree that no representation or guarantee, which is not expressly set forth herein, has been made by the Institute for the Psychological Sciences (the "Institute"). I understand that this will become a legally binding instrument upon acceptance by an official of the Institute unless canceled pursuant to the "Cancellation and Refund Policy", stated below.

Furthermore, I certify that I have received prior to enrollment, the catalog describing the policies concerning tuition, fees, and other charges; the cancellation and refund policy; the attendance policy, and the student guidelines and rules. I acknowledge that the Institute will withhold my diploma until all payments have been made. I agree to comply with these policies and regulations. It is further agreed that if my account is referred to an agency for collection, I will pay, in addition to the tuition and fees owed, the collection agency or attorney fees incurred by the Institute to collect tuition and fees owed.

### Cancellation and Refund Policy\*

To cancel a registration or to withdraw from the Institute at any time other than the close of the semester, students must complete the official withdrawal form and obtain all required signatures. Forms are available from the Registrar's Office.

Discontinuation of class attendance or notification to an instructor of withdrawal does not constitute an official withdrawal. In these instances, students will be responsible for the full payment of their accounts. Students who withdraw from the Institute during the fall or spring semester are allowed a return of tuition and refundable fees according to the following schedule:

<b>Withdrawal Date</b>	<b>Refundable Portion</b>
First Week	80%
Second Week	60%
Third Week	40%
Fourth Week	20%
Later Than Fourth Week	0%

All monies due the Institute at the time of withdrawal become due and payable immediately. To obtain a refund of tuition and refundable fees, students must also turn in their student identification cards, security keys, Library materials, and any other Institute property in their possession.

Refunds will be calculated from the date on which the Dean receives notice of the student's intention to withdraw. The Dean has sole discretion to make or permit exceptions to the above stated policies in specific and grave circumstances (e.g., when students incur serious injury or illness, etc.)

*\*Students who participate in the Title IV Federal Student Financial Aid Program agree to comply with Institute Policies and Procedures as they relate to Return of Title IV Funds to the government and/or to the student.*



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## CLASS REGISTRATION AND ENROLLMENT AGREEMENT

# FALL 2007

Name:

Last                      First                      Middle

Current Address:

**CLASS REGISTRATION**

Course#	Course Description	Please Circle	Credit Hours	Rate per credit hour (\$706 for MS students; \$716 for PsyD)	Fees (Credit Hours x Tuition Rate)
		Credit or Audit			
		Credit or Audit			
		Credit or Audit			
		Credit or Audit			
		Credit or Audit			
<b>Total</b>					

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

**Faculty Advisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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  **Registrar's Office**                     
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