



Office of the Registrar
 McAuley Hall 205
 100 Ochre Point Avenue
 Newport, RI 02840-4192
 Tel: 401-341-2943 * Fax: 401-341-2996

STAFF USE ONLY:
 Data Entry Initials: _____
 Date Accepted: _____

GRADUATE REGISTRATION FORM 2011-12 Fax to 401-341-2996

GRADUATE-LEVEL REGISTRATION ONLY. COMPLETE ALL INFORMATION. PRINT CLEARLY.

Academic Year: _____ **Semester:** Fall Spring Summer I Summer II

Student Name - PRINT CLEARLY: Last: _____ First: _____ MI: _____

Date of Birth: ____/____/____ (Month/Day/Year)

Matriculation Status: Non-matriculated Matriculated **Program (Major):** _____

E-Mail Address: _____

Local Address: Number & Street: _____ Apartment: _____

City: _____ State: _____ Zip Code: _____

Telephone (Work): (____) _____ Telephone (Local): (____) _____

Permanent Address (if different from above):

Number & Street: _____ Apartment: _____

City: _____ State: _____ Zip Code: _____

Country: _____ Permanent Telephone: (____) _____

Billing Address (if different from above):

Number & Street: _____ Apartment: _____

City: _____ State: _____ Zip Code: _____

Country: _____ Billing Telephone: (____) _____

COURSE SELECTION DATA

Course Code	Section	Campus Code	Subject	Credits	Audit?
<i>In Calculating total credits, exclude audits.....</i>				Total Credits:	

CHECK IF APPLICABLE:

- Receive Veterans' Benefits
- Receive Financial Aid
- War College Student/Graduate

NOTICE: I accept responsibility for the accuracy of all information on this form. I agree to notify the Office of the Registrar promptly in writing of any withdrawal or other change that affects my enrollment status in any class this academic term. I understand that delinquent student account balances are subject to collection, and I am liable for any costs incurred in the process of such collection.

Student Signature: _____ **Date:** _____

Calculate Your 2011-12 Tuition & Fees

A. Tuition (600-level PHD/CAGS = number of credits x \$700)
 (600-level HLC/CAGS = number of credits x \$430)
 (500-level = number of credits x \$430) \$ _____

B. Audit charges (number of credits x \$200) \$ _____

C. Registration fee (\$40 each academic term) \$ _____

D. Course/Lab Fees (see Class Schedule) \$ _____

E. Other Fees: \$ _____

TOTAL TUITION & FEES (Sum of lines A - E) \$ _____

Payment of registration fee (line C) is due with Registration Form. See reverse side of this form for methods of payment. Send Registration Form along with payment and any associated forms to the Office of the Registrar at the above address. Send by mail or fax, or deliver in person. Delinquent balances are subject to collection, and students are liable for any costs incurred in the process of such collection.

NAME: _____ DOB: _____ DATE: _____

Payment Options:

- ___ Full payment – Payment type 1 or 2 listed below is required
- ___ Tuition Payment Plan – Signed Promissory note required
Available through Tuition Management at www.afford.com
- ___ Third Party Tuition Reimbursement Plan including Military, Police and other employer.
Payment type 2 required (*payment will only be processed at student request or after deadline dates have passed*)
- ___ Financial Aid (signed Promissory note required)

Payment Types

- 1) *Mail check or money order to:* **Salve Regina University
Business Office
100 Ochre Point Ave
Newport, RI 02840**
- 2) *Signed Credit card authorization and signed promissory note.*

Payment Plan

~Payment plans are available through Tuition Management’s website: www.afford.com.
The signed Promissory note is required.

Tuition Reimbursement Policy

~The tuition reimbursement is available to students whose employer (or other third party) has authorized payment of all or part of the students tuition. The student is responsible for submitting necessary documentation, including invoices and grades, directly to their employer. The student is responsible for remitting payment to the University, or authorizing the third party to remit payment to the University. Military can submit Tuition Assistance Forms directly to the Business Office for processing.

Tuition reimbursement accounts must be paid in full within 30 days of the course end date.

Financial Aid Option Policy

~Students who expect to receive financial aid for tuition and fees must have all forms completed and submitted at least one month prior to the start of classes or face possible late charges. An incomplete financial aid award can preclude students from enrolling and attending classes.

PROMISSORY NOTE

The return of this form indicates that the student promises to pay Salve Regina University the total of all tuition and fees as stated in the conditions of the registration agreement, any tuition and fees associated with the dropping or adding of courses in the same semester and, if applicable, payment plan fees or late payment fees. A \$50.00 payment finance charge will be assessed for all payments received after the due date or declined credit card charges.

Nonpayment of this account is a breach of this agreement and may result in a collection agency. Referral to a collection agency may affect your credit rating. Should this note be placed in the hands of a collection agency for collection, the maker of this note promises to pay any and all fees associated with the collection of said balance in question. In addition, the University will not release grades or transcripts for a subsequent term, nor allow a student to participate Commencement ceremonies with a delinquent balance.

Financial aid and student loans are a method of payment. Should financial aid awards or loan amounts change, the resulting balances are the signer’s responsibility.

I hereby agree to remit payment according to the payment option I have elected above. I have read and understand the terms and conditions as stated in the promissory note.

SIGNATURE (Required) _____

CREDIT CARD AUTHORIZATION FORM

Visa/MasterCard

Exp. Date

Card ID (3 digits on back of card)

_____/_____/_____/_____/_____/_____

Card Holder Name _____

Card Holder Address _____

Daytime telephone # _____

SIGNATURE (Required) _____

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