



Course Registration Form

Student Name _____
 Phone Number _____
 E-mail _____

Date _____
 Quarter/Year _____

- I am a new student
- I am enrolling for electives as a Continuing Education student
- I am enrolled in a program: _____
- I am enrolled in a degree program: _____
- I am enrolling in extra electives beyond my program curriculum

1. Please complete both sides of this form. Incomplete forms cannot be processed.
2. Please read and sign the Student Registration Agreement below.*
3. Payment due at time of enrollment for
 - program students (MT, HHP, degrees): any materials fees**
 - elective students: total tuition deposits + any materials fees**

4. A tuition deposit is required for

- Essentials of Massage and Bodywork: \$200
- each elective class of up to 50 hours: \$100
- each elective class of over 50 hours: \$200

For any class under \$200, the full tuition must be paid at time of enrollment.

OFFICE USE ONLY

Course #	Grade Scale Y = Letter Grade N = Pass/Fail	Hours	Units	Class Description	PLEASE PRINT	Format (A,B,C or 1,2,3)	Start Date (mm/dd/yy)	Elective Course Fee	Tuition Deposit	Materials Fee**
Totals:										

CV	Handouts	File	WL	Ledger

** only for classes that require the prepaid purchase of class materials at time of enrollment

STUDENT REGISTRATION AGREEMENT: I understand the following: 1. This Registration Form, together with payment of the required tuition deposit, reserves a space in the course(s) I have selected within the quarter indicated. 2. Program students will receive priority on all enrollments received during Priority Registration days. Beginning with the General Registration day, this form will be processed based on the date and time received until a course is full. 3. I may be administratively withdrawn from participation in these course selections if my account is not current. 4. If I am a Continuing Education student, I will receive an enrollment agreement and installment contract which I need to sign and return to the IPSB Administrative Offices to complete my registration process. 5. A cancellation fee of \$25-\$75 per class will be charged if I cancel or alter my course enrollment subsequent to registering.

Student Signature

OFFICE USE ONLY

Date accepted _____ Time: _____ Staff Initial _____ Prerequisites met: Yes No

Deposits Paid _____ Total Due _____ Method of Payment _____ If NO, student contacted (date/time): _____

Installment Fee(s) _____ Amount Paid _____ CC Cash Chk Account verified Yes No Instructor waived prerequisites: Yes No

Interest _____ Balance Due _____ Receipt # _____

Other _____