

Registration Form

PLEASE CLEARLY PRINT ALL INFORMATION

US SOCIAL SECURITY NUMBER/TAXPAYER ID								

DATE OF BIRTH: (EXAMPLE: [D][E][C] [0][1] [1][9][8][9])

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

LEGAL NAME		
Last (family name)	First	Middle
<input type="text"/>	<input type="text"/>	<input type="text"/>

MAILING ADDRESS		
Street and number		
<input type="text"/>		
City	State/Province	Zip/Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country (if not US)	Telephone number at this address (area/country code)	Cell phone number (area/country code)
<input type="text"/>	<input type="text"/>	<input type="text"/>

COURSE SELECTION			
Course Number	Course Name	Term	Number of Credits
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

E-MAIL ADDRESS

STATUS: (select one)

- Auditor Part-Time

PART-TIME STUDENTS:

Are you seeking a degree? Yes No

If yes, what degree are you seeking?

- Associate in Arts
 Bachelor of Arts
 Bachelor of Science

If you would like to be assigned an advisor, please provide your primary area of study: _____

FEES:

- Auditors: \$181 per credit. (One 3 credit course would be \$543.)
- Part-time Students: Total fee is \$441 per credit. (This includes a \$375 per credit tuition fee and a \$566 per credit comprehensive fee. One 3 credit course would be \$1323.)
- Senior Citizens Taking Courses for Credit: Students 55 years of age and older pay half price on the tuition fee and a \$66 per credit comprehensive fee. (One 3 credit course would be \$760.50.)
- Senior Citizens as Auditors: Students 60 years of age and older may audit classes for \$100 per credit on space available basis. (One 3 credit course would be \$300.)

TODAY'S DATE:

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

CHECKS SHOULD BE MADE PAYABLE TO:

Bryn Athyn College
 c/o Wendy Cooper
 PO Box 717
 Bryn Athyn, PA 19009

SIGNATURE: _____