



_____ 1. Student Finance approved
FA/Pay Info must be approved before registration

Fall 2006 REGISTRATION FORM
ALL PROGRAMS

Please complete all required information. Incomplete/incorrect registration forms will be returned

Box 1 (Student Information)

Student ID #:		
Name:		
Is this a new mailing address?		
Address:		
City:	State:	Zip:
Home Phone #:	Work Phone #:	
Email Address:		
Is this a new e-mail address?		

Box 2 (Program Information)

Please check Program/Term/Year of Entry		
Program	Term Started	Year of Entry
<input type="checkbox"/> BA Psychology	<input type="checkbox"/> Fall Session I	<input type="checkbox"/> 2006
<input type="checkbox"/> BS Business	<input type="checkbox"/> Fall Session II	<input type="checkbox"/> 2005
<input type="checkbox"/> MA Clinical Psych		<input type="checkbox"/> 2004
<input type="checkbox"/> PsyD Clinical Psych	<input type="checkbox"/> Spring Session I	<input type="checkbox"/> 2003
<input type="checkbox"/> MA Forensic Psy – Day	<input type="checkbox"/> Spring Session II	<input type="checkbox"/> 2002
<input type="checkbox"/> MA Forensic Psy – Wknd		<input type="checkbox"/> 2001
<input type="checkbox"/> MA Counsel Psy– Day	<input type="checkbox"/> Summer Session I	<input type="checkbox"/> 2000
<input type="checkbox"/> MA Counsel Psy– Wknd	<input type="checkbox"/> Summer Session II	<input type="checkbox"/> 1999
<input type="checkbox"/> EDD Counseling Psych		<input type="checkbox"/> 1998
<input type="checkbox"/> EDD Education (C&I)		
<input type="checkbox"/> MAEd Education (C&I)		
<input type="checkbox"/> EDD Education (EL)		
<input type="checkbox"/> MAEd Education (EL)		
<input type="checkbox"/> MAEd Teach Cred		
<input type="checkbox"/> DBA Business		
<input type="checkbox"/> MBA Business		

Box 3 (Registration and Tuition) - DO NOT FORGET TO LIS

Course No.	Sec.	Course Title	Day/ Hour/ Part of Term	Instructor	#of units*	Cost

* Student must maintain half time status to be eligible for Federal Financial aid. Please see page 23 of the academic catalog under "Levels of Enrollment" for the definition of time status for your program.

Box 4 (Total cost of tuition)

Box 6 (Other Fees) For office use only

Returned Check Fee	\$35
Late Registration	\$50

Box 5 (Basic fees - all students)

For Fall 2006 NEW Behavioral Science students who paid a tuition deposit, please subtract \$250 from your tuition.	\$-250
Professional Liability Fee (Required for Clinical and Counseling students on Practicum)	\$20
Testing Resource Fee (Required only for students in PP7370, 7385 or 7373)	\$100
Activity Fee (Annual Fee all Students)	\$ 50
Technology Fee	\$10 / credit
Box 7 (Balance Now Due):	

Box 8 (Signature)

Students must sign and date this form before the School can process this request for classes. Please sign below and bring this completed form with minimum of one half of all tuition and fees for the term. Student's liability must be paid in full on or before the first day of the term. You may charge your payment to either VISA, MasterCard or Discover by completing the information requested on the following page.

Student Signature:	Date:
---------------------------	--------------

Box 9(Payment Information)-Please choose one of the following payment options:

Option 1 (Financial Aid): Please answer all questions below:

A. I have applied for Federal Financial Aid for 2006-2007. (If you answer "No" Please see remaining payment options 2, 3 or 4)

____ Yes ____ No

B. I have been approved for Federal Financial Aid (Sub, Unsub, or Perkins Loans) and received an **AWARD LETTER**. (If you answer "No" please see remaining payment options 2,3 or 4. Students must be approved for financial at the point of registration. Students who have applied but have not been approved will need to pay and will be reimbursed when financial aid comes in.)

____ Yes ____ No

C. I have been approved for Alternative Loans and it is indicated on my **AWARD LETTER**.

____ Yes ____ No

D. Enter the total amount you were awarded for **Fall 2006** only.


(Please refer to your **AWARD LETTER** for your Spring Disbursement Amount. You can also check your award amount by going to Student Link clicking on Student Services and Financial Aid, then "Financial Aid" then "My Award Information").

Subsidized Loan	\$ _____
Unsub. Loan	\$ _____
Perkins Loan	\$ _____
Heal Loan	\$ _____ (FT Psy. D students only)
Alternative Loan	\$ _____
Argosy Scholarship	\$ _____
Pell or Cal Grant	\$ _____ (BA students only)
SEOG	\$ _____ (BA students only)
Total	\$ _____

E. My financial aid (Total in "D") covers my tuition and fees. (If you answer "No" you are liable for the remaining balance. Please see remaining payment options 2, 3 or 4 to cover your remaining balance. You will need to fill out a **BALANCE DUE FORM** on the following page)

____ Yes ____ No

Option 2 (Credit Card)

I give my permission to the AU to charge my credit card below (check one): 1. ____ My total balance now. 2. ____ Half of my balance now and the 2 nd half of my payment on the first day of classes			
Signature:		Date:	
Charge My:	--- MASTERCARD	--- VISA	---DISCOVER
Credit Card#: _____		Exp. Date: _____	
Credit Card Security Code: _____			

Option 3 (Check)

Check Number _____

Option 4 (Payment Plan)

Please contact the student services office regarding payment plans. 1/4 of tuition and fees are due at registration. A \$35 payment plan fee is required every term for a payment plan.