



**ACAP Master of Arts in Psychoanalytic  
Counseling  
FALL 2009 Semester  
Aug. 26 - Dec. 14, 2009**

ACAP Course(s) Location  
301 S. Livingston Ave., 2<sup>nd</sup> Floor  
Livingston, NJ 07039  
973-629-1001  
FAX: 973-629-1003  
[acapnj@acapnj.org](mailto:acapnj@acapnj.org)

Name: \_\_\_\_\_  
(Last) (First) (MI) (Ms., Miss, Mrs., Mr.)

\_\_\_\_\_  
Graduate Division Advisor Approval Signature

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Degree Sought \_\_\_\_\_

Telephone: Home: ( ) \_\_\_\_\_ Business: ( ) \_\_\_\_\_

Centenary ID# \_\_\_\_\_

Course #	Type	Section	Day /Time	Course Title	Credits	Tuition
					X 705	
					X 705	
					X 705	

**Payment Options:**

- A. Deposit \$50 per course, balance due 8/12/2009.
- B. Total due with registration form. Payment can be made by CHECK, VISA or MASTERCARD.
- C. Installment Plan: Additional cost \$15 - Pay one half upon registration, balance due 10/16/2009.
- D. A direct billing: applicable only if employer makes direct payment to College prior to receiving grades. (Employee Voucher required at time of registration)

Organization: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Schedule of Additional Fees:

MA Program Application and Interview.....\$75

**Mail Registration to: Centenary College, Registrar's Office, 400 Jefferson Street, Hackettstown, NJ 07840**

Sub-Total	\$
MA Registration Program Fee*	\$ 75.00
Student Activity Fee*	\$ 15.00
Installment Plan Fee if Applicable - \$15	\$
Late Registration Fee \$50	\$
Total	\$
Amount enclosed for payment plan A	\$
Amount enclosed for payment plan B	\$
Amount enclosed for payment plan C	\$

**\*Administrative, Library & Journal Fees**

**Payment Method:** Check# \_\_\_\_\_ **Credit Card:** To pay by credit card, go to [www.centenarycollege.edu](http://www.centenarycollege.edu), under the words **Students and Parents**, click on **Make Payments**, click on online payment link.

**Cardholder Signature if other than student:** \_\_\_\_\_ **Cardholder Address:** \_\_\_\_\_

**Tuition Refund Schedule:** Tuition refunds will be made in accordance with the following schedule and only after the student notifies the Registrar's Office in writing on an Add/Drop form of their intent to withdraw from a class. The date the notification is received by the Registrar's Office will be used to determine the refund, whether or not the student has attended the class. Graduate Program students receiving Financial Aid funds must call the Financial Aid Office (ext. 2350) before withdrawing or dropping below 6 credits.

**Withdrawal: Before the first day of the semester=100% During the first week of the semester=75%; During the second week of the semester=50%; During the third week of the semester=25% After the third week of the semester No Refunds**

I have read and agree to abide by the College policies stated on this registration form and in the College Catalog.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Note:** If you wish to revise or cancel your registration, an Add/Drop Form (found in the Registrar's Office) must be sent to the Registrar's Office. It is to your advantage to register early to prevent being closed out of classes.