

CENTENARY COLLEGE

400 Jefferson Street
 Hackettstown, NJ 07840
 Phone (908) 852-1400 x 2172

GRADUATE PROGRAM REGISTRATION FORM**SUMMER 2 SEMESTER 2008****June 30 – August 8, 2008****SU2-2008***Faxed forms will not be accepted.*

Name: _____
 (Last) (First) (MI) (Miss, Mrs., Mr.)

 Graduate Division Approval Signature

Address: _____
 (Street) (City) (State) (Zip)

Degree Sought _____

Telephone: Home: () _____ Business: () _____

Centenary ID# _____

| Course # | Section | Day /Time | Course Title | Credits | Tuition |
|----------|---------|-----------|--------------|---------|---------|
| | | | | X 665 | |
| | | | | X 665 | |
| | | | | X 665 | |

Are you a previous Centenary student? Yes ___ No ___

Are you a Centenary College employee? Yes ___ No ___

Payment Options:

- Total due with registration form.**
- *Installment Plan:** Minimum payment 50% plus \$15 installment fee with registration form. Balance due 7/18/08.
A late payment fee will be charged, up to a max of \$45, if not paid on time. Collection costs of 30% or more may be added to recover any balance unpaid at the end of the semester.
- A direct billing: applicable only if employer makes direct payment to College prior to receiving grades. (Employee Voucher required at time of registration)
- Deferred Payment: Employer Re-imbusement.

Organization: _____

Billing Address: _____

| | |
|--|----|
| Total | \$ |
| Installment Plan Fee –\$15 | \$ |
| Installment Total | \$ |
| Amount Enclosed Installment Plan | \$ |
| Balance Due on Installment Plan – 7/18/08 | \$ |
| Amount Enclosed | \$ |
| | |

Payment Method: Check # _____ Credit Card: To pay by credit card, complete a separate credit card authorization form or go to www.centenarycollege.edu, click on Parents & Family, click on Bursar, click on online payment link. **If payment is not received within 72 hours, registration will be cancelled.**

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

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 session – 6/30/08 = 100% SU2-2008: 6/30 – 7/06/08 = 75%, 7/7 - 7/13/08 = 50%

After 7/13/2008 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.