



Undergraduate Summer 2009 Programs Registration Form

Student Section:

Name _____ Date ____/____/____

Address _____ City _____ State _____ ZIP _____

APU Box # _____ E-mail Address _____ Home phone (_____) _____

APU ID# _____ - _____ - _____ Social Security no. _____ - _____ - _____ Cell phone (_____) _____

What is your current educational status? Attending APU Attending another college Attending high school Not attending school

Summer Intensive : May 12 - June 5, 2009								
Call #	Course ID	Sec	Course Title	Units	Days	Time	Instructor	✓
Summer I (6 week) : May 12 - June 18, 2009								
Call #	Course ID	Sec	Course Title	Units	Days	Time	Instructor	✓
Summer II (6 week) : June 22 - July 30, 2009								
Call #	Course ID	Sec	Course Title	Units	Days	Time	Instructor	✓
Summer Nursing Term (8 week) : May 12 - July 6, 2009								
Call #	Course ID	Sec	Course Title	Units	Days	Time	Instructor	✓

Financial Arrangements:

Mail-in registration is available to high school and undergraduate students who enroll in undergraduate courses. If an amount is owed or a previous balance is past due, the student's registration will be returned. This delay may prevent the student from enrolling in the classes desired. Students should go to the Office of Student Financial Services for information regarding unpaid balances.

Current Charges:

Undergraduate tuition units _____ X \$540 = \$ _____

Clinical nursing tuition units _____ X \$1075 = \$ _____

Online Fee: _____ = \$ _____

Fee type: _____ = \$ _____

Fee type: _____ = \$ _____

Total charges: _____ = \$ _____

Payment:

Check # _____ \$ _____

Make checks payable to: AZUSA PACIFIC UNIVERSITY

Credit Card payment can be made online via "CASHNet" account

I acknowledge and accept university policies regarding withdrawal, refund, and dismissal as outlined in the summer session catalog and other university material.

Signature _____ Date _____

Mail this form with payment in full to: Office of Student Financial Services, Summer Registration, Azusa Pacific University, 901 East Alostia Ave., Azusa, CA 91702-7000. For questions call (626) 812-3009 or email sfs@apu.edu.

Registrar Office Use Only		
Date processed _____	Initials of worker _____	Total units _____