

**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

A850 Summer Intensive : May 6 - May 30, 2008								
Call #	Course ID	Sec	Course Title	Units	Days	Time	Instructor	✓
A871 Summer I (6 week) : May 6 - June 12, 2008								
Call #	Course ID	Sec	Course Title	Units	Days	Time	Instructor	✓
A872 Summer II (6 week) : June 16 - July 24, 2008								
Call #	Course ID	Sec	Course Title	Units	Days	Time	Instructor	✓
A870 Summer Nursing Term (8 week) : May 6 - June 27, 2008								
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 \$510 = \$ \_\_\_\_\_  
 Clinical nursing tuition units \_\_\_\_\_ X \$1020 = \$ \_\_\_\_\_  
 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 \_\_\_\_\_