

# GRADUATE ENROLLMENT AGREEMENT SUMMER 2008

SOC SEC #:

CX ID #:

Date Received: \_\_\_\_\_

Registration begins May 12, 2008

PLEASE COMPLETE PERSONAL INFORMATION BELOW:

check if new address or phone number

<b>NAME:</b>	Last	First	Middle	Previous name
<b>ADDRESS:</b>				
<b>CITY:</b>		<b>STATE:</b>		<b>ZIP CODE</b>
<b>TELEPHONE: (H)</b>		<b>(W)</b>		<b>(Cell)</b>
<b>E-MAIL:</b>			<b>ADVISOR:</b>	

LIST COURSE(S):

DEPT <small>(EDU, PSY, etc.)</small>	COURSE NO	SEC	COURSE TITLE	DAY	LOC	INSTRUCTOR	SEM HRS	START DATE

Please be advised that not all programs offer online courses leading toward degree completion. Any questions concerning online options should be directed to your faculty advisor or graduate program director. You also may contact the Academic Dean of Online Education for additional information on online options.

**PAYMENT:**

Tech Fee <i>(Charged per term)</i> \$10.00	<ul style="list-style-type: none"> <li>• \$430 / Credit MAHR, MBA, MAPC</li> <li>• \$390 / Credit MAED</li> <li>• \$495 / Credit ON-LINE - MAHR; MBA; MAPC; MAED</li> </ul>
TUITION \$ _____	
Other Fee(s) \$ _____	
<b>TOTAL</b> \$ _____	Late Fee: \$20 per course Material Fee: See course schedule Graduation Fee: \$100 Drop/Section Change Fee: \$20

**METHOD OF PAYMENT (Due upon enrollment):**

<input type="checkbox"/> Cash \$	<input type="checkbox"/> Check \$	<input type="checkbox"/> VA GI Bill	<input type="checkbox"/> VA VOC Rehab	<input type="checkbox"/> AZ VOC Rehab
<input type="checkbox"/> Mastercard \$	<input type="checkbox"/> Visa Card \$	<input type="checkbox"/> Discover Card \$	<input type="checkbox"/> AMEX \$	<input type="checkbox"/> Financial Aid
Charge Card # :		Expiration Date:		<b>*V-Code:</b>
<small>(last 3 digits on card back in signature panel - REQUIRED)</small>				
<input type="checkbox"/> Tuition Reimbursement from Employer		(Note: Employment Reimbursement Deferment form and documentation required)		
<input type="checkbox"/> Third Party Payment: (ex: CAEL / Pathways)		(Note: Please include Letter of Credit from employer required)		

I am in agreement with the charges shown, and understand that tuition, applicable fees and other charges assessed in accordance with Ottawa University's published financial policies, are **due upon enrollment**. I accept responsibility for any balance unpaid by financial aid or resulting from a returned check or credit card. I also understand that \$25 will be charged to my account for returned check/s by the bank. I understand that failure to pay will result in my enrollment being dropped. I understand that if my credit card payment is declined, current registrations as well as future registrations will be subject to cancellation. Tuition and fees are subject to change by Ottawa University.

*My signature below signifies that I have read and understand all aspects of this agreement and do recognize my legal responsibilities in regard to this contract. A copy of this signed agreement is available upon request.*

Student Signature	Date	Ottawa University Registrar - Arizona	Effective Date
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<b>For Office Use Only:</b>			
Previous Hold: _____	Reg. Initials: _____	Date Released: _____	S.A. Initials: _____
Financial Aid: FAP: Y / N	A/R Balance: _____	Grants: _____	Loans: _____
Student Accts: F/C: _____	Hold: _____	Date: _____	Initials: _____

**Please consider ONLINE REGISTRATION for next term!**

**GRADUATE ENROLLMENT AGREEMENT – SUMMER 2008**  
**June 30, 2008 through September 13, 2008**

**REFUND POLICY – 12 Week term**

The institutional refund policy for withdrawals from scheduled courses is based on date of notification, irregardless of the number of class meetings attended:

Zero up to and including 25% of class meetings	100%
After 25% of class meetings up to and including 37% of class meetings	75%
After 37% of class meetings up to and including 50% of class meetings	50%
After 50% of class meetings	NO REFUND

If a student fails to drop or attend a one-weekend course, no refund will be issued.

*NOTE: A \$20 fee is charged per course for every withdrawal or add/drop processed.*

Students are required to complete and submit a Withdrawal/Drop/Add form to the Office of the Registrar - Phoenix in order to qualify for any refund when withdrawing from a class

**FEDERAL TRADE COMMISSION (FTC) CANCELLATION NOTICE:**

The applicant may cancel and receive a full refund of all monies paid to date if cancellation is made in writing to the Office of the Registrar - Phoenix and mailed/delivered to the institution at the address stated herein within three (3) business days after the date of signature.

**HOLDER IN DUE COURSE STATEMENT**

Any holder of this consumer credit contract is subject to all claims and defenses, which the debtor could assert against the seller of goods or services, obtained pursuant hereto or with the proceeds hereof. Recovery hereunder by the debtor shall not exceed amounts paid by the debtor (FTC Rule effective 5-14-76).

**OTTAWA UNIVERSITY CATALOG**

I acknowledge I have access to the Ottawa University catalog available on-line at [www.ottawa.edu](http://www.ottawa.edu), and understand a hard copy of the catalog may be purchased for \$15. I also understand that my program of study is governed by the year of my initial enrollment at Ottawa University.

**GENERAL INFORMATION**

This institution does not guarantee job placement to graduates upon program/course completion or upon graduation.

Please retain a copy of this enrollment form as your receipt.

Class size is limited; please enroll early to ensure your place in class.

Students may register prior to the first day of class without a late fee, but enrollment is not guaranteed.

Ottawa University  
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