

Sanbaltar International University

Student Registration Form

39355 California Street, 108 Fremont, CA 94538 – (877) 495-7017 FAX (510) 818-1208

Autumn _____ **Winter** _____ **Spring** _____ **Summer** _____ .

Name: _____ Date: _____
(Last) (First) (Middle)

Address: _____ S.S.#: _____
 _____ Telephone: _____

E-mail: _____ Fax: _____

| CODE | COURSE | Time/Day | HOURS | APPROVAL |
|---------------------------|--------|----------|-------|----------|
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| TOTAL CREDIT HOURS | | | | |

TUITION AND FEES

Tuition Per Credit Hour (Associate -\$225, Bachelors – 250, Masters-275) \$ _____
 General Fees (\$75 Matriculation/\$45 Library/\$30 Activity/\$100 Technology Fee) \$ 250.00
 Other Fees (Check all that apply) \$ _____

- \$200 Graduation Fee
- \$30 Late Fee
- \$50 Lab Fee
- \$50 Payment Plan
- \$50 Application Fee
- Other Fee: _____

Total Tuition and Fees for the Quarter: \$ _____

MINUS SCHOLARSHIPS/GRANTS/etc. (Check all that apply) \$ _____

- Choice Grant \$ _____
- Instructional Grant \$ _____
- Academic Scholarship \$ _____
- Veterans Administration \$ _____
- Work Program @ _____ \$ _____
- Federal : _____ \$ _____
- TBC Scholarship \$ _____
- Chancellor's Scholarship \$ _____
- President's Scholarship \$ _____
- Pastors' Scholarship \$ _____
- Ministerial Scholarship \$ _____
- Other: _____ \$ _____

AMOUNT OF PERSONAL OBLIGATION DUE TODAY \$ _____

METHOD OF PAYMENT:

Cash: _____ Check: \$ _____ (No. _____) Visa/MC/Discover: _____ Other: _____

Installment Plan: 1/3rd payment due at registration: Date: _____; \$ _____

1/3rd payment due after 30 days: Date: _____; \$ _____

1/3rd payment due after 30 days: Date: _____; \$ _____

The Student is responsible for all collection fees incurred if he/she fails to make the payments as agreed.

I agree and obligate myself to the above information _____
(Student's Signature)

Business Office Approval: _____ (Registration not complete without the Business Office Approval.)

(Last)

(First)

(Middle)