

**PLEASE PRINT CLEARLY**

Today's Date (MM/DD/YY) \_\_\_\_\_

Male     Female     Other

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

E-Mail (required) \_\_\_\_\_

**Home Address** \_\_\_\_\_

**Billing Address** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Evening/Home Phone \_\_\_\_\_ Day/Work Phone \_\_\_\_\_

Fax \_\_\_\_\_ Cellular Phone \_\_\_\_\_

How did you hear about us? (Required) \_\_\_\_\_

Semester	Course Number	Section	Course Name	Cost
				\$
				\$
				\$

**Non Credit Card Payment Method:**

Waiver / Discount Type \_\_\_\_\_ \$ \_\_\_\_\_ Amount

Financial Aid, Name of Org. \_\_\_\_\_ \$ \_\_\_\_\_

Company Voucher, Name of Co. \_\_\_\_\_ \$ \_\_\_\_\_

Credit Letter Number \_\_\_\_\_ \$ \_\_\_\_\_

Cash \_\_\_\_\_ \$ \_\_\_\_\_

Application Fee (certificate students only)	\$
Registration Fee	\$
Health Fee / Activity Fee (Full Time International Students Only)	\$
Other Fee	\$
<b>TOTAL DUE</b>	<b>\$</b>

**Credit Card Payment Method:** \$ \_\_\_\_\_

Visa     MasterCard     American Express     Discover

Credit Card Number:

\_\_\_\_\_

Expiration Date:   /      3 digit security code

Card Holders Name (please print) \_\_\_\_\_

Card Holders Signature \_\_\_\_\_

Deposit Balance: Date Received \_\_\_\_\_ \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

Total Paid: \_\_\_\_\_ \$ \_\_\_\_\_

Are you an International Student?

yes     no

\_\_\_\_\_ Type of Visa \_\_\_\_\_

Declaration: I declare that the information on this form is correct to the best of my knowledge, and agree, when registering as a student, to abide by all the College's regulations. I have read and understand the refund policy as stated on the reverse side of this page and submit to any and all consequences when withdrawing from my registered courses.

Signature (Required) \_\_\_\_\_

Date \_\_\_\_\_

# Course and Refund Policy

(For classes meeting 5 sessions or more)

If student withdraws:	Student will receive:
Up to 3 business days before the first class session	100% tuition refund or 100% tuition credit letter.
Before the second class session	50% tuition refund or 100% tuition credit letter.
After the second class session	No tuition refund or credit letter

## Certificate Refund Policy

Student who officially withdraw from a certificate program will be refunded certificate tuition paid minus the undiscounted value of any certificate courses the student attended, whether completed or not. Fees paid when the student registered for the certificate program are non-refundable. In addition, a \$75 refund processing fee will be assessed at the time of the refund request. If you are entitled to a refund, you will be refunded on the same credit card you originally paid with, unless you used cash or money order as a form of payment. If cash or money order was used, you will then be sent a refund in the form of a check from Baruch College.

Below is a sample form illustrating what your completed form should look like:

**Baruch** COLLEGE  
The City University of New York  
CONTINUING AND PROFESSIONAL STUDIES  
www.baruch.cuny.edu/caps

**REGISTRATION FORM**  
Phone: 646 - 312 - 5000  
Fax: 646 - 312 - 5101

**PLEASE PRINT CLEARLY**

Today's Date (MM/DD/YY) 1/1/2010  Male  Female

Last Name Doe First Name Jane Date of Birth 1/1/1982 used to ensure a complete account record and prevents duplications

E-Mail (required) jane@gmail.com

Street Address 55 Lexington Avenue Apartment/Suite/Floor B1-116

City New York State NY Zip 10010

Evening/Home Phone 646-312-5000 Day/Work Phone 646-312-5100

Fax 646-312-5101 Cellular Phone 646-312-0000

How did you hear about us? (Required) web search must be completed

Semester	Course Number	Section	Course Name	Cost
Spring 2010	CGI0001	01	Adobe Photoshop	\$ 350.00
				\$
				\$
				\$
				\$
				\$
				\$
				\$

**Non Credit Card Payment Method:**

Waiver / Discount Type \_\_\_\_\_ \$ \_\_\_\_\_

Financial Aid, Name of Org. \_\_\_\_\_ \$ \_\_\_\_\_

Company Voucher, Name of Co. \_\_\_\_\_ \$ \_\_\_\_\_

Credit Letter Number F09-273 \$ \_\_\_\_\_

Cash \_\_\_\_\_ \$ \_\_\_\_\_

Credit Card Payment Method: \_\_\_\_\_ \$ \_\_\_\_\_

Visa  MasterCard  American Express  Discover

Credit Card Number: \_\_\_\_\_

Application Fee (certificate students only)	\$ 25.00
Registration Fee	\$ 25.00
Health Fee / Activity Fee (Full Time International Students Only)	\$
Other Fee	\$
<b>TOTAL DUE</b>	<b>\$</b>

Are you an International Student?  
 yes I-20 Student  no  
Type of Visa

only paid when applying for a certificate program

one-time charge per semester

Declaration: I declare that the information on this form is correct to the best of my knowledge, and agree, when registering as a student, to abide by all the College's regulations. I have read and understand the refund policy as stated on the reverse side of this page and submit to any and all consequences when withdrawing from my registered courses.

Expiration Date: 1/2/14

Card Holders Name (please print) Jane V. Doe

Card Holders Signature *Jane Doe* signature is required

Deposit Balance: Date Received \_\_\_\_\_ \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

Total Paid: \_\_\_\_\_ \$ \_\_\_\_\_

Signature (Required) *Jane Doe*

Date 1/1/2010

found on top of original credit letter

signature is required