



INSTITUTE OF BUDDHIST STUDIES

P O BOX 390460, MOUNTAIN VIEW, CA 94039-0460
TELEPHONE 650-938-7192 FACSIMILE 650-938-5937 VOICEMAIL 650-562-1776

Student's Name _____

Current Address _____

Current Telephone _____ Current Email Address _____

May we include your address, phone number & email in a directory for use by other IBS students, faculty, staff, etc.?

Please circle your preference: telephone number: YES NO address: YES NO email: YES NO

In Case of Emergency, Contact _____

Address _____ Telephone _____

Semester: Fall Spring Year _____

	Course Number	Course Title	Instructor	Units
1.				
2.				
3.				
4.				
5.				

Status: please check one of the following:

- Full-time: \$6,040 + \$100 registration fee
- Part-time: \$1,510/3 unit course + \$100 reg. fee
- Special Student: \$2,545/3 unit course + \$100 reg. fee
(If taking for transfer credit, then student's responsibility to verify with home institution regarding transferability)
- Auditor: \$500/per course + \$100 registration fee
- Continuing Registration (after four semesters of full-time enrollment or equivalent): \$3,020/semester + \$100 registration fee
- On-leave: \$100 + \$100 registration fee
- Senior Citizen (60 years or older): 50% discount for Auditor + \$100 registration fee

Tuition amount due: _____
 Registration fee: \$100
 HIP (or waiver): _____
 STRF: _____
 Late fee: _____
 Total amount due: _____
 Fees paid: _____
 Check number: _____
 Balance due: _____
 Date balance will be paid: _____

Student's Signature _____ Date _____

Academic Advisor _____ Date _____

Business Office _____ Date _____

Any change of course program requires academic advisor's re-approval