



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 _____ Telephone _____

Semester: ☐ Fall ☐ Spring Year _____

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

Check one of the following: (refer to catalog for a complete list of fees)

- ☐ Full-time: \$6,400 + \$100 reg. fee (first two years)
- ☐ Part-time: \$1,600/3 unit course + \$100 reg. fee
- ☐ Continuing Student: \$3,200/semester + \$100 reg. fee (after two years of full-time or equivalent enrollment)
- ☐ Special Student: \$2,700/3 unit course + \$100 reg. fee (NOTE: Verification of credit transferability is the Student's responsibility)
- ☐ Auditor w/ Record: \$1,600/per course + \$100 reg. fee
- ☐ Auditor: \$500/per course + \$100 registration fee
- ☐ Senior Auditor: 50% of Auditor fee + \$100 reg. fee (students 60 years or older)
- ☐ Leave of Absence: \$100 + \$100 reg. fee

Tuition fee due: _____
+Reg. fee (non-refundable): \$100
+HIPS (or waiver): _____
+STRF: _____
+Late fee (\$100): _____
-Scholarship Award: _____
Total amount due: _____
Total amount paid: _____
Check number: _____
Balance due: _____

Student's Signature _____ Date _____

Academic Advisor _____ Date _____

Business Office _____ Date _____

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