



INSTITUTE OF BUDDHIST STUDIES

2140 DURANT AVENUE, BERKELEY, CA 94704-1589
TEL (510) 809-1444 FAX (510) 809-1411 www.shin-ibs.edu

[REGISTRATION FORM 2008-2009]

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: \$6,855 + \$100 reg. fee (first two years)
- Part-time: \$1,713.75/3 unit course + \$100 reg. fee
- Continuing Student: \$3,430/semester + \$100 reg. fee (after two years of full-time or equivalent enrollment)
- Special Student: \$3,000/3 unit course + \$100 reg. fee (NOTE: Verification of credit transferability is the Student's responsibility)
- Auditor w/ Record: \$1,875/per course + \$100 reg. fee
- Auditor: \$750/per course + \$100 registration fee
- Senior Auditor: 50% of Auditor fee + \$100 reg. fee (students 65 years old and above)
- Leave of Absence: \$100 + \$100 reg. fee

Office Use Only

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