

INSTITUTE OF BUDDHIST STUDIES

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[REGISTRATION FORM 2009-2010]

Studen	t's Name							
Curren	t Address							
Current Telephone								
Please	circle your prefer e of Emergency, Co	ence: telephone nu	mber:	YES NO	address	: YES	other IBS students, faculty, staff, etc NO email: YES NO Telephone	
1.	Full-time: \$6,0 Part-time: \$1,7 Continuing Stude (after two year Special Student (NOTE: Verifical Student's responsable Auditor w/ Reconstantial Auditor: \$750/ Senior Auditor: (students 65 year)	cord: \$1,925/per coper course + \$100 50% of Auditor fee ears old and above)	00 register + \$1 ster + \$1 ster + \$1	g. fee (first 100 reg. fee \$100 reg. ent enrollm + \$100 reg. oility is the + \$100 reg. ration fee 00 reg. fee	two year e fee ent) fee		Office Use Only Tuition fee due: +Reg. fee (non-refundable): \$10 +HIPS (or waiver): -STRF:	00
	t's Signature	ce: \$100 + \$100 re				Date Date	Balance due:	
Academic Advisor					Dato			