



INSTITUTE OF BUDDHIST STUDIES

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Sati Center/ NYZCCC Foundations in Buddhist Contemplative Care Training Program

CREDIT APPLICATION FORM

Student's Name: _____

Address: _____

Telephone: _____

E-mail Address: _____

May we include your address, phone number & e-mail 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

Tuition & Fees

Term	Tuition / Fee	Amount Enclosed
Fall _____	\$ 750.00	\$
Registration Fee	\$ 100.00	\$
Spring _____	\$ 750.00	\$
Registration Fee	\$ 100.00	\$
Total	\$ 1,700.00	\$

Please make check payable to Institute of Buddhist Studies.

Office Use Only

Tuition fee due: _____

+Reg. fee: \$200

Check dated: _____

Check number: _____

Balance due: _____

Student's Signature: _____ Date: _____

Sati/NYZCCC Program Coordinator: _____ Date: _____

Business Office: _____ Date: _____