



INSTITUTE OF BUDDHIST STUDIES

2140 DURANT AVENUE, BERKELEY, CA 94704-1589
TELEPHONE 510.809.1444 FACSIMILE 510.809.1443

FALL 2016 REGISTRATION FORM

SPECIAL STUDENTS AND AUDITORS

Name: _____ GTU Student #: _____

Address: _____

City: _____ State: _____ Zip/Mail Code: _____

Telephone: _____ E-mail Address: _____

Emergency Contact: _____ Tel: _____

May we include your address, phone number & email in a directory for use by other IBS students, faculty, staff, etc.? YES ☐ NO ☐ Preferences: _____

If you need a new Moodle Account, we will need your birthdate for set-up. Mo. ____ Day ____ Yr. ____

☐ Special Student**

☐ Auditor

☐ Senior Auditor

**** Special students taking online courses must register for those classes directly through Starr King School of Ministry.**

	Course Number	Course Title	Instructor	Units
1.				
2.				

To calculate your tuition and fees for this semester, ☒ check all applicable:

☐ Special Student: \$711 per credit/\$2,133 per 3 unit course

(NOTE: Verification of credit transferability is the student's responsibility.)

☐ Auditor: \$750/per course

☐ Senior Auditor: 50% of Auditor fee

☐ Late Registration Fee: \$100

☒ All Students pay the non-refundable Registration Fee: \$100 each semester

For Office Use Only

Tuition: _____

+Reg. fee (non-refundable): \$100

+Late fee (\$100): _____

Total Tuition & Fees: _____

Check date: _____

Check number: _____

Balance due: _____

Student signature is required. It is the student's responsibility to obtain the additional signatures indicated below:

Student: _____ Date: _____

Academic Advisor: _____ Date: _____

Business Office: _____ Date: _____