



INSTITUTE OF BUDDHIST STUDIES

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

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
1.			
2.			

Any change of course program requires academic advisor's approval.

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

- Special Student: \$2,199 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: _____