

FA/Pay Info must be approved before registration

FALL \_\_\_\_\_ SPRING \_\_\_\_\_ SUMMER \_\_\_\_\_  
 Part of Term: 1    2    3 (Please Circle)

**FAX Number 510 217-4805**

Please complete all required information.  
 Incomplete/incorrect registration forms will be returned

**Box 1 (Student Information)**

Student ID #:		
Name:		
Address:		
City:	State:	Zip:
Home Phone #:	Work Phone #:	
Email Address:		
<b>**ARE YOU an INTERNATIONAL STUDENT?</b> (please circle)                      yes                      no		

**Box 2 (Program Information)**

Program
<input type="checkbox"/> BA Psychology <input type="checkbox"/> BS Business <input type="checkbox"/> BA Liberal Arts <input type="checkbox"/> BA Criminal Justice <input type="checkbox"/> MA Clinical Psych <input type="checkbox"/> PsyD Clinical Psych <input type="checkbox"/> MA Forensic Psy –Wknd <input type="checkbox"/> MA Counsel Psy– Day/Wknd <input type="checkbox"/> EDD Counseling Psych <input type="checkbox"/> EDD Education (C&I) <input type="checkbox"/> MAEd Education (C&I) <input type="checkbox"/> EDD Education (EL) <input type="checkbox"/> MAEd Education (EL) <input type="checkbox"/> MAEd Teach Cred <input type="checkbox"/> DBA Business <input type="checkbox"/> MBA Business

**Box 3 (Registration and Tuition) – Please list your section**

Course No.	Sec.	Course Title	Day/ Hour/ Part of Term	Instructor	#of units*	Cost

\* Student must maintain half time status to be eligible for Federal Financial aid. Please see page 23 of the academic catalog under "Levels of Enrollment" for the definition of time status for your program.

**Box 4 (Total cost of tuition)**

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**Box 6 (Other Fees)**

Returned Check Fee	\$35
Late Registration	\$50

**Box 5 (Basic fees – all students)**

For Fall 2009 NEW Behavioral Science students who paid a tuition deposit, please subtract \$250 from your tuition.	\$-250
<b>Professional Liability Fee</b> (Required for Clinical and Counseling students on Practicum )	\$20
<b>Testing Resource Fee</b> (Required only for students in PP7370, 7385 or 7373)	\$100
<b>Technology Fee</b>	\$10 / credit
<b>Box 7 (Balance Now Due):</b>	

Students must sign and date this form before the School can process this request for classes. Please sign below and bring this completed form with minimum of one half of all tuition and fees for the term. Student's liability must be paid in full on or before the first day of the term. You may charge your payment to either VISA, MasterCard or Discover by completing the information requested on the following page.

<b>Student Signature:</b>	
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**Box 9 (Payment Information) – Please choose one of the following payment options:**

**Option 1 (Financial Aid) : Please answer all questions below:**

**A.** I have applied for Federal Financial Aid for 2009-2010. (If you answer “No” Please see remaining payment options 2, 3 or 4)  
 Yes       No

**B.** I have been approved for Federal Financial Aid (Sub, Unsub, or Perkins Loans) and received an **AWARD LETTER**. (If you answer “No” please see remaining payment options 2, 3 or 4. Students must be approved for financial at the point of registration. Students who have applied but have not been approved will need to pay and will be reimbursed when financial aid comes in.)  
 Yes       No

**C.** I have been approved for Alternative Loans and it is indicated on my **AWARD LETTER**.  
 Yes       No


**D.** Enter the total amount you were awarded for **Fall 2009** only.  
 (Please refer to your **AWARD LETTER** for your Summer Disbursement Amount. You can also check your award amount by going to Student Link clicking on Student Services and Financial Aid, then “Financial Aid” then “My Award Information”).

Subsidized Loan \$ _____	Alternative Loan \$ _____
Unsub. Loan \$ _____	Argosy Scholarship \$ _____
Perkins Loan \$ _____	Pell or Cal Grant \$ _____ <b>(BA students only)</b>
Heal Loan \$ _____ <b>(FT Psy. D students only)</b>	SEOG \$ _____ <b>(BA students only)</b>

**TOTAL**                      \$ \_\_\_\_\_

**E.** My financial aid (Total in “D”) covers my tuition and fees. (If you answer “No” you are liable for the remaining balance. Please see remaining payment options 2, 3 or 4 to cover your remaining balance. You will need to fill out a **BALANCE DUE FORM** on the following page.)  
 Yes       No

**Option 2 (Credit Card)**

<p><b>I give my permission to the AU to charge my credit card below (check one):</b>                  1. <input type="checkbox"/> My total balance now.                  2. <input type="checkbox"/> Half of my balance now and the 2<sup>nd</sup> half of my payment on the first day of classes</p>			
<b>Signature:</b>		<b>Date:</b>	
Charge My:	<input type="checkbox"/> --- MASTERCARD	<input type="checkbox"/> --- VISA	<input type="checkbox"/> ---DISCOVER
Credit Card#: _____			Exp. Date:
Credit Card Security Code: _____			

**Option 3 (Check)**

Check Number \_\_\_\_\_

**Option 4 (Payment Plan)**

Please contact the student services office regarding payment plans. ¼ of tuition and fees are due at registration. A \$35 payment plan fee is required every term for a payment plan.