

# 2016-17 Special Student Registration Form

## Non-Degree Credit or Audit

**ANTIOCH UNIVERSITY**

SANTA BARBARA  
602 Anacapa Street  
Santa Barbara, CA 93101  
805-962-8179 · Fax: 805-962-4786

Term:  Summer  Fall  Winter  Spring Year: \_\_\_\_\_

\_\_\_\_\_ M / F  
Print Name Social Security # Birth Date Sex\*

\_\_\_\_\_ City State Zip  
Address

\_\_\_\_\_ Cell Phone  
Home Phone Work Phone

\_\_\_\_\_ E-mail Address

International Students check here:

**Ethnic Background\*:**

Are you Hispanic/Latino(a)?  Yes  No

**Please select one or more races\*:**

American Indian/Alaskan Native  Black/African American  White  
 Asian  Hawaiian/Pacific Islander

### COURSE SELECTION(S)

\_\_\_\_\_ Credit / Audit \_\_\_\_\_  
Course # Course title fee

\_\_\_\_\_ Credit / Audit \_\_\_\_\_  
Course # Course title fee

If applying for credit in a graduate course:

\_\_\_\_\_ Degree \_\_\_\_\_  
Previous Institution Attended Degree Award Date

### TUITION

<b>Tuition for Credit**</b>	<b>Graduate Programs</b>	<b>Undergraduate Program</b>
PER UNIT	\$679	\$495
ALUMNI OF ANTIOCH	\$407 (per unit)	\$297 (per unit)
<b>Tuition for Audit**</b>		
PER UNIT	\$340	\$248
ALUMNI OF ANTIOCH	\$68 (per unit)	\$50 (per unit)

## REFUND POLICY

**Tuition Refund for Dropped Courses:** 100% tuition credit is granted for courses dropped by 20% of the instruction period for that course. No tuition credit is given after 20% of the instructional period for that course.

**Tuition Refund for Withdrawal from the Term** (all courses dropped) is prorated and credited to a student's account for courses dropped prior to or by the second class session, or the 14<sup>th</sup> day of enrollment, whichever is later. The refund is calculated from the date the student submits written notification of the withdrawal to the Student Services Office. The University provides a pro rata refund of unearned institutional charges to students who complete 80 percent or less of the period of attendance. If the University cancels or discontinues a course, the University will make a full refund of all associated tuition charges. Refunds are paid within 30 days of receipt of notification of cancellation or withdrawal. Please note that this new refund policy is effective beginning the Summer 2016 term.

**Special Student Registration requires approval of the Program Chair.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Current Program Chairs:

Program	Program Chair	Phone Number	Email
BA	Elaine Gale	(805) 962-8179 x5170	egale@antioch.edu
Education	Marianne D'Emidio-Caston	(805) 962-8179 X5327	mcaston@antioch.edu
MACP	Elizabeth Wolfson	(805) 962-8179 x5155	ewolfson@antioch.edu
PsyD	Ronald Pilato	(805) 962-8179 x5167	rpilato@antioch.edu

**\*Antioch University does not discriminate by race, creed, age, sex, sexual orientation or color. The above information is not for public use, but to satisfy government census requirements only.**

\*\*Tuition may be paid by check, money order, or credit card. Tuition & Fees effective 7/16-6/17.

Office Use Only	
Fiscal Office: _____	Date: _____
Initials	
Registrar's Office: _____	Date: _____
Initials	