

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

Tuition for Credit**	Graduate Programs	Undergraduate Program
PER UNIT	\$679	\$495
ALUMNI OF ANTIOCH	\$407 (per unit)	\$297 (per unit)
Tuition for Audit**		
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 14th 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	