

Application for Non-Matriculation Non-Degree Credit or Audit



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

Term: <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring Year: 20____ <input type="checkbox"/> Summer/Fall (MFA) <input type="checkbox"/> Winter/Spring (MFA)	OFFICE USE ONLY
Program of Interest: <input type="checkbox"/> UGS <input type="checkbox"/> Education <input type="checkbox"/> MACP <input type="checkbox"/> PsyD <input type="checkbox"/> MBA <input type="checkbox"/> MFA	Date Received: _____
Legal Name: _____ <div style="display: flex; justify-content: space-around; width: 100%; font-size: small;"> Last First Middle </div>	Fiscal Office: _____ Initials
Previous/Maiden Name(s): _____	Student Services: _____ Initials
Preferred Name (if different from above): _____	Date Fee Paid: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit Card
Social Security Number: ____--____--____	ID #: _____
Date of Birth: ____/____/____ Gender: _____	
Mailing Address: _____ <div style="display: flex; justify-content: space-between; font-size: small; width: 100%;"> Street City State Zip Code </div>	
Phone: _____ <div style="display: flex; justify-content: space-between; font-size: small; width: 100%;"> Home Phone Work Phone Cell Phone </div>	
E-mail Address: _____	
Ethnic Background¹ <i>(Please choose one, regardless of race chosen):</i> Are you Hispanic/Latino(a)? <input type="checkbox"/> Yes <input type="checkbox"/> No International Students check here² <input type="checkbox"/>	Please select one or more races: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Black/African American
Emergency Contact: Name: _____ Relationship: _____ Phone Numbers: Cell _____ Work: _____	
If applying for credit in a graduate program: <div style="display: flex; justify-content: space-around; margin-top: 10px; font-size: small;"> _____ _____ _____ </div> <div style="display: flex; justify-content: space-around; font-size: small;"> Previous Institution Attended Degree Degree Award Date </div>	

¹ 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.

² Please note Non-Matriculated students are NOT eligible for F-1 student visa status

COURSE SELECTION(S)

Course # _____	Course title _____	Credit / Audit _____	_____
			fee
Course # _____	Course title _____	Credit / Audit _____	_____
			fee

TUITION COSTS³

<u>Tuition for Credit</u>	Grad Programs	Undergrad Program	NBECE* Courses	Somatic Certificate
PER UNIT	\$726	\$495	\$267 (non-academic credit)	\$780
ALUMNI OF ANTIOCH	\$436 (per unit)	\$297 per unit		\$676
<u>Tuition for Audit</u>				
PER UNIT	\$364	\$248		
ALUMNI OF ANTIOCH	\$73 (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.

Special Student Registration requires approval of the Program Chair.

I hereby certify that the forgoing information is true and complete to the best of my knowledge and fully realize that omission or falsification will be considered sufficient reason for rejection of this application, or for dismissal.

Student Signature: _____ Date: _____

Program Chair Signature: _____ Date: _____

Current Program Chairs:

Program	Program Chair	Phone Number	Email
BA	Dawn Murray	(805) 962-8179 x5170	dmurray2@antioch.edu
Education	Jackie Reid	(805) 962-8179 X5115	jreid@antioch.edu
MACP	Stephen Southern	(805) 962-8179 x5309	ssouthern@antioch.edu
PsyD	Sandra Kenny	(805) 962-8179 x5116	skenny@antioch.edu
MBA	Anna Kwong	(805) 962-8179 X5320	akowng@antioch.edu
MFA	Ross Brown	(805) 962-8179 x5108	Rbrown6@antioch.edu

³ Tuition can be paid by check, money order, or credit card. Non-Matriculated students do not qualify for financial aid.