CENTENARY UNIVERSITY

GRADUATE PROGRAM REGISTRATION FORM

400 Jefferson Street

Phone (908) 852-1400 x 2214						Student ID#			
Name:	(Last)	(First)	(MI)		(Miss, Mrs., Mr.)				
Address	` ,	(*,	()		(,,		Graduato Division	Annroyal Signa	uturo.
Address: (Ci			(City)	(State) (Z	Zip)	_ Graduate Division Approval Signature			
Telepho	one: Home: ()		Business: ()		Degree Sought		
Dept.	Course # Section		Day /Time	Course		e Title	Credits	Tuition	
Are you a previous Centenary student? Yes No							Technology Fee - \$14 Per Credit N/A for Summer Sessions \$		
1. F	ate fee information. Direct billing: applica grades. (Employee \	able only if em Voucher requir	ployer makes dir ed at time of reg	ect payment to the istration)	website for due dates a	ring	Please refer to the Tuition and B Centenary University website for information.	• • •	
 Deferred Payment: Employer Re-imbursement: proof from employed with Deferred Payment Form at time of registration. **You can view, print, and pay your bill through your my.centenary potential. 							Amount Enclosed		\$
be subj Mail to: Tuition F to withdra	ect to a 2.95% s Centenary Univ Refund Schedule: aw from a class. T	service fee. versity, Regi Tuition refunds he date the no	strar's Office, will be made in otification is rece	400 Jefferson S accordance with the ived by the Registre	treet, Hackettstown,	NJ 078 I only after to determ	er the student notifies the Registrar's Office in writi nine the refund, whether or not the student has at	c cepted. ng on an Add/Dro	op form of their inten
Refund	d Schedule:								
Withdrawal Prior to the 1st day the Semester Withdrawal During the 1st 5 days of Add/Drop and Late Registration Withdrawal After Add/Drop and Late Registration					100% 100% 0%				
Signature:						Date:			
•							gistrar's Office) must be sent to the Registrar's Offi		

Academic Calendar for add/drop dates and last withdrawal date.

1.