

Non-Degree Student Registration

Quarter of Registration: (circle one) Summer Fall Winter Spring Year: _____

Legal Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____
 Social Security Number: _____ Country of Citizenship: _____ Country of Residence: _____

Date of Birth: _____ Gender: M F (circle one)

Ethnic Origin (optional): American Indian/Alaskan Native | Hispanic | Asian American | Pacific Islander

White/Caucasian | Black/African American | _____

Have you previously attended Bastyr University? Yes No If Yes, please list any former names: _____

Do you intend to apply for admission to Bastyr University? Yes No Program: _____

If you are considering applying to Bastyr University it is strongly recommended that you contact an Admissions Advisor. You can contact Admissions at 425-602-3332 or Admissions@Bastyr.edu.

Fee Schedule:

Academic Credits 1 - 15 credits	\$370/credit	All registered non-degree students are subject to the standard refund schedule and add/drop fee as published in the Bastyr University catalog should you choose to withdraw or not attend.
Academic Credits 16 credit and above	\$250/credit	
Audit Fee:	\$180/credit	
Comprehensive Administrative Fee:	\$30/credit up to \$360	
Add/Drop Fee:	\$10	50% of tuition is due at time of registration.

Please list the class(es) you wish to take (1/2 of your total tuition must accompany this request):

Course Number:	Course Title:	Register as:	Meeting Day & Time:
		<input type="checkbox"/> Credit <input type="checkbox"/> Audit	
		<input type="checkbox"/> Credit <input type="checkbox"/> Audit	
		<input type="checkbox"/> Credit <input type="checkbox"/> Audit	
		<input type="checkbox"/> Credit <input type="checkbox"/> Audit	

**Return to the address below along with 50% of your total tuition costs.
 The tuition balance is due on/before the first day of class.**

I understand that I am subject to the refund policy and fee schedule published in the Bastyr University catalog. I am aware of the prerequisites for the course(s) for which I am registering, and certify that I meet those prerequisites (transcripts or other documentation may be required):

Signature of Student _____ Date _____

Deposit Amount:	Check Number:	Registration completed by:	Date:
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