

Non-Degree Student Registration							
Quarter of Registra	tion: (circle one)	Summer	Fall	Winter	Spring	Year:	
Legal Name:						_	
Street Address:							
City:			State:			Zip:	
Phone:			E-mail:				
Social Security		Count	v			try of	
Number:		Citizer	nsnip:			lence:	
Date of Birth:			Gender:	Μ	F	(circle one)	
Ethnic Origin (option	al): American Indiar	n/Alaskan Na	tive H	ispanic A	Asian Amer	ican Pacific Islander	
	White	/Caucasian	Black/A	frican Amei	rican		
Have you previously attene Bastyr University?	led 🗆 Yes	□ No		ease list any r names:			
Do you intend to appl	y for admission to B	astyr Univer	sity?	□ Yes	□ No	Program:	
•		•	•	<u> </u>	•	ended that you contact an Imissions@Bastyr.edu.	
Fee Schedule:			115510115	at 1 25-002-	0002 01 <u>110</u>	<u>inissions@Dastyr.euu</u> .	
Academic credits 1 -	16 \$545.00/	credit		-	Should you choose to withdraw or not attend, you are		
Academic credits 17				-	subject to the standard refund schedule and add/drop fee as published in the Bastyr University catalog (http://bastyr.edu/) <u>or</u> \$100 of your tuition deposit is		
Audit Fee	\$280.00/	credit		non-refun	non-refundable, whichever is greater.		
Audit fee off site	\$375.00/	375.00/credit					
Add/drop fee	\$10			50% of tuition is due at time of registration.			
Please list the class	(es) vou wish to ta	ke (1/2 of v	our total	tuition m	ıst accomi	pany this request):	
Course Number:		se Title:			ter as:	Meeting Day & Time:	
					□ Audit	- •	
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Return to the address below along with 50% of your total tuition costs. Should you drop or withdraw from the above, the standard refund policy applies <u>or</u> \$100 of your tuition deposit is non-refundable, whichever is greater. 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	Check	Registration				
Amount:	Number:	completed by:	Date:			
14500 Juanita Drive Northeast, Kenmore, Washington 98028						