JOHNS HOPKINS
UNIVERSITY

Advanced Academic Programs Alumni Registration Form

Academic Year 2008-09 ☐ Summer ☐ Fall ☐ Spring

All Students Complete (Please print)

Today's Date: _____

1. Social Security No: ___ - ___ - _____ Email (☐ check if new): _____
2. Name: _____ ☐ Mr. ☐ Ms.
   Last First M.I.
3. Current Mailing Address: _____
   ☐ Check if new Number and Street
   City: _____ State: _____ County: _____ Zip: _____
4. Day Phone: ___ / ___ - _____ Evening Phone: ___ / ___ - _____
5. Current Work Address: _____
   ☐ Check if new Number and Street
   City: _____ State: _____ County: _____ Zip: _____
6. Current Position: _____
7. I have completed the prerequisites for the courses below. ☐ Yes ☐ No ☐ N/A
8. I am a provisional student and understand that my registration is pending a grade of B or better in all course(s). ☐ Yes ☐ No ☐ N/A
9. This is my first online course and I have taken the online survey before registering. ☐ Yes ☐ No ☐ N/A
10. I have obtained permission from my advisor to register for three (3) or more courses ☐ Yes ☐ No ☐ N/A
11. Are you a MS/MBA or MA/MBA student? ☐ Yes ☐ No ☐ N/A
12. Your Program/Degree Alumni Affiliation _____ / _____

Please indicated if you wish to register for a credit or non-credit next to each course along with the proper tuition.

Send this registration form and payment to:

The Johns Hopkins University
Advanced Academic Programs
Enrollment Office, Suite 101
1717 Massachusetts Ave, NW
Washington, D.C. 20036

Or

FAX this registration form and payment information to 202-452-1970.

For Official Use Only

Approval/Date

Cashier/Date

Auth/Date

List Courses Below

Dept.	Number	Section	Title of Course	Credit	Noncredit	Tuition
						$
						$
						$
						$

Other Fees: _____

Total: _____

Alternate Courses. Please list below the alternative courses for which you have the prerequisites. If in the event the above course or courses are closed, you will be automatically registered for the course(s) below.

Refund Policy for 14-week classes: Up to the day before late registration is 100%. *After the 100% deadline, but prior to 2nd class meeting, 90%. For refunds after 2nd class meeting, see refund schedule in the catalog or go to http://advanced.jhu.edu/registration/?step=3*

Credit Card Information

Check Method(s) of Payment:

☐ Check Amount: _____
☐ Charge Amount: _____
(Enter credit card information below)
☐ Employer Contract:
(Must provide contract with registration form)

☐ JHU Financial Aid: _____
☐ JHU Remission: _____
(Please fax remission form to registration office at 202-452-1970)

Credit Card Type: ☐ Visa ☐ Mastercard ☐ Discover ☐ American Express

Account Number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiration Date: _____

Cardholder's Signature (required): _____

Student's Name (Please print): _____

For Official Use Only

Auth _____

Amt _____

To obtain a receipt, please contact the student accounts office at (410)516-8158