

All Students Complete (Please print)

Today's Date: _____

- Social Security No: XXX - XX - _____ Email (check if new): _____
- Name: _____ Mr. Ms.
Last First M.I.
- Current Mailing Address: _____
 Check if new Number and Street
City: _____ State: _____ County: _____ Zip: _____
- Day Phone: ____/____ - _____ Evening Phone: ____/____ - _____
- I have completed the prerequisites for the courses below. Yes No N/A
- 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
- This is my first online course and I have taken the online survey before registering. Yes No N/A
- I have obtained permission from my advisor to register for three (3) or more courses Yes No N/A
- Are you a MS/MBA or MA/MBA student? Yes No N/A

If you want to audit the course, place an "X" in the audit column. Indicate "Yes" to be on waitlist.

List Courses Below

Dept.	Number	Section	Title of Course	Audit	Waitlist	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 15-week classes: Up to the day before the first day of class is 100%. After the 100% deadline, first week of class and prior to the 2nd week of class, 90%. For refunds after 2nd week of class, see refund schedule, link: <https://advanced.jhu.edu/admissions-aid/tuition-fees/refund-schedule/>

Check Method(s) of Payment

- Check JHU Financial Aid
 Credit Card JHU Remission
(See note below) *(Please fax remission form to registration office at 202-452-1970)*
 Employer Contract
(Must provide contract with registration form)

NOTE: If you wish to pay by credit card, sign into your student account at <http://isis.jhu.edu> and manage your billing under the "billing" section.

Student's Signature: _____ Date: _____

Send this registration form 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 _____

Deadline for Graduation

Students who expect to receive their degree or certificate must submit an Application for Graduation form at the beginning of their final semester of coursework or by the date listed on the AAP academic calendar, whichever comes first.

This form must be submitted even if you are not attending the May diploma ceremony.

Please note: There is a \$100 graduation fee for which students will be billed.

For Official Use Only

Auth _____

Amt _____

To obtain a receipt, please go to
<http://sis.jhu.edu>