AVILA UNIVERSITY

MBA SPRING REGISTRATION 2009

Date: _____ **ID Number: _____**

Name: _____
Last First Middle

Address While Attending Avila

_____
Street Address

_____
City State Zip

_____ (____)_____
Mo County Phone Number

Permanent Address

_____

_____
Country Phone Number

(____)_____ (____)_____ _____
Work Phone Number Cell Phone Number E-mail Address

- ❑ **Please check if the information above is new or a change from what you previously reported.**

Check Appropriate Classification: ____ Graduate Degree-Seeking (GB)
____ Business Certificate (GA) ____ Provisional MBA (PG) ____ Special Business (SB)

Check Appropriate Concentration:
____ AC ____ HCA ____ MK ___ GM ____ FI ____ IB ____ MIS

	Dept.	Course	Sec	Course Title	Cr. Hrs	Time	M	T	W	TH	FR	S
Spring Trimester (Mar 30th – June 15th)												

Total Credit. Hours _____

Signature of Advisor or Admissions Director (JoAnna Giffin): _____

NOTE: **WENDY L. ACKER is MBA ADVISOR for all students**.

Student's Signature: _____

(☐ by telephone, ☐ by email or ☐ by fax)

Undergraduate, Part-time Hrs_____ @ **$460 per hr** _____
Graduate (500-600) Hrs_____ @ **$460 per hr** _____

Activity/ Technology Fee (required) Total Hrs_____ @ **$23.00 per hr** _____

Deferred Payment Service Charge **50.00**

Total Charges **$**_____

Payment Plans (choose one):
- ❑ 3 Equal Payments ($50.00)
- ❑ Employer Paid ($50.00)
- ❑ Credit Card: pay online
  Go to www.avila.edu/campusweb
  You need to create a username and password w/Avila id number- then go to the **"My Finances"** link.
- ❑ Guaranteed Student Loan

PLEASE COMPLETE AND FAX TO 816-501-2463