Aquinas Institute of Theology
23 South Spring Avenue
St. Louis, MO 63108-3323
Phone: 314.256.8800
Fax: 314.256.8888

Registration and Payment Plan Form

(Note: this form will only calculate correctly in Adobe Acrobat Reader)

Please save this file to your computer and then attach it in an email to registrar@ai.edu

Name:_____ SID #:_____ Semester: Spring Year: 2013
Last First MI

Mailing Address:_____ City:_____ State:_____ Zip: _____

Phone (home): _____ (cell): _____ (work): _____

Pick 1 phone number to publish in the directory: ☐ Home ☐ Cell ☐ Work e-Mail:_____

Emergency Contact:_____ Emergency Contact Phone #: _____

Degree Program: _____ Cohort Name and/or Number: _____

Course Information

(add course information; check credit or audit, add appropriate tuition rate, enter credit hours)

Course #	Course Title	Professor	Credit (Use space bar or mouse to select)	Audit	Rate** See below for rate		Credit Hours		Tuition
						x		=	$0.00
						x		=	$0.00
						x		=	$0.00
						x		=	$0.00
						x		=	$0.00
						x		=	$0.00
						x		=	$0.00
**Tuition rate is $660 per credit hour for credit and $330 for audit; D.Min. tuition rate is $660 per credit hour.							**Totals**	0	$0.00

Verify financial aid amount with the admissions office before subtracting from tuition balance.	**Less Financial Aid (if any)** Enter amount awarded	
New student tuition deposit or current account balance:		$0.00
Total Tuition Balance		**$0.00**

Cohort Intensive Accommodation/Meal Fees (At this time these rates only apply to students in cohorts)

Standard Intensive for a Motherhouse **Resident:** CGS & MAHCM is $315 ~ D.Min. is $405	***PER INTENSIVE*** Standard Intensive for a **Commuter:** CGS & MAHCM is $75 ~ D.Min. is $95	$0.00

Student Fees

Continuation Status Fees(paid if not registering for a class): ☐ $66 Masters/Certificate ☐ $132 DMin	**Continuation Fee**	$0.00
($195 – for all students taking a course for credit or wanting SLU access. [MAPS/MSW and MA/PhD students excluded])	**Student IT & Activity Fee**	$195.00
(If you are enrolled in Proseminar, the $100 fee applies; if you are a DMin student taking your first class, the $100 fee applies.)	**LiveText Fee**	
Stafford Loan Processing Fee ($25)	**Stafford Loan Fee**	$0.00
$180 Masters/Certificate; $240 D.Min. (Paid during graduating semester)	**Graduation Fee**	
A processing fee of $20 per credit hour is charged if full tuition is not paid by January 15, 2013.	**Processing Fee**	$0.00
	Total Fees	**$195.00**
	Grand Total Tuition & Fees	***$195.00***

Student Signature:_____ Date: _____

Faculty Advisor: _____ Date: _____

Registrar: _____ Date: _____

– over for Payment Plan/Agreement –

Tuition Payment Plan and Agreement

Student Name: _____ Semester: Spring Year: 2013

Payment Method: (choose one)

☐ Pay in full by check[1] (submit with registration form; check will be processed upon receipt or, submit void check for electronic processing on January 15, 2013)

☐ Pay in full by credit card[2] – (to be processed January 15, 2013)

☐ Pay in full by direct debit[1&2] (to be processed January 15, 2013)

☐ Stafford loan (students waiting for loan proceeds are not charged a processing fee) - $25 fee applies

☐ Full scholarship

☐ Need payment plan[3] – complete and return this agreement form ($20 per credit processing fee applies)

[1] **Returned checks, returned/unpaid debits, and declined charge payments are subject to a $50 handling charge.**

[2] **Students paying by credit/debit card must submit credit/debit card information below.**

[3] **Students requesting a payment plan must supply bank or credit card information in the space below; electronic payment is required for payments scheduled after the first day of class.**

If a payment plan is requested the *Tuition Payment Plan and Agreement* must be completed and signed to complete the registration process.

I hereby request that Aquinas Institute of Theology allow me to pay my tuition (hereafter referred to as **my account balance**) in four (4) payments throughout the semester. The first payment will consist of a minimum of 50% of my account balance and is due no later than January 15, 2013. I will pay the remaining account balance in three (3) equal installments that are payable on the last day of February, March and April as shown in the payment schedule below:

Payment	Date *	Amount	Amount Due
1	01/15/13		Minimum payment 50% of account balance.
2	02/28/13		1/3 of remaining account balance.
3	03/31/13		1/2 of remaining account balance.
4	04/30/13		Account balance.

***Electronic payments will be processed on the dates shown.** **Verify 4 payments = Grand Total Tuition and Fees**

I agree to make my scheduled payments electronically.

(Please check one option below):

☐ On the dates shown above, Aquinas Institute of Theology may draft my bank account electronically; my bank account information appears below.

☐ On the dates shown above, Aquinas Institute of Theology may charge my credit/debit card; my credit/debit card information appears below.

I understand that a returned electronic draft or a declined credit/debit card payment is subject to a $50.00 service charge, and that I may be asked to withdraw from class(es) for non-payment in the event of a returned payment. I have been informed that diplomas, transcripts and grades will not be released if account balances are not paid in full, and that students with outstanding balances will not be allowed to register for additional classes.

I have read and understand the **Registration Form** and the **Tuition Payment Plan and Agreement**. I understand that I am fully responsible for the payment of my account balance according to schedule, and that I am responsible for payment even if another party has promised to make payment on my behalf and/or I qualify for tuition reimbursement from my employer. I have been informed that I may be reported to credit reporting bureaus in the event of non-payment of my account balance.

Bank Information	
Bank Name	
Bank Address	
City / State / Zip	
Account Name	
Account #	
Checking * or Savings	
Bank Routing #	

Credit/Debit Card Information	
Card Type (MasterCard, Visa, Discover)	
Credit/Debit Card Number	
Name on Credit/Debit Card	
Expiration Date	
3-digit CVC Code (on back of card)	

Print Button

*** If payment is being made from a checking account, please provide a voided check with the registration form.**

Student Signature: _____ Date: _____

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