REGISTRATION FORM

Fall 2009

Graduate Programs in Education
Goucher College
1021 Dulaney Valley Road
Baltimore, Maryland 21204-2794
(410) 337-6047
Fax: (410) 337-6085

Check appropriate program:

- ☐ GOUCHER COLLEGE ♦ SHEPPARD PRATT MASTER OF EDUCATION PROGRAM
- ☐ GOUCHER COLLEGE MASTER OF ARTS IN TEACHING PROGRAM
- ☐ GOUCHER COLLEGE PROFESSIONAL DEVELOPMENT CERTIFICATE

Name _____
Last First Middle

Street _____

City _____ **State** _____ **Zip** _____

Phone (h) _____ **(w)** _____ **SS#** _____

Email Address: _____ **Anticipated Graduation Date** _____

Please check here if your address or email has changed: _____

Registrations received after 9/2/09 will be subject to a late registration fee of $10 per credit.

I wish to register for the following course(s):

COURSE #	COURSE TITLE	CREDITS

Students who register for 9 credits or more are required to receive Goucher's Student Health Insurance. If you wish to waive this requirement, please provide the information below:

☐ I will not be joining the Goucher College sponsored Health Insurance Plan. I fully understand that I am legally responsible for any medical expenses incurred during my enrollment at the College and that the College will not be responsible for any medical expenses. I am currently covered under the following policy:

Insurance Company Name _____ **Policy #** _____

☐ I will be joining the Goucher College sponsored Health Insurance Plan.

Tuition: _____ credits x $415.00 = $_____

Amount of Grant you expect to receive $_____

Total Tuition after Grant $_____

Late registration fee (if received after 9/2/09): _____credits x $10.00 = $_____

Students must choose one of the following payment methods:

- ☐ Full payment enclosed (check, purchase order or Visa, MasterCard or American Express) (no cash will be accepted)
- ☐ I have filed or intend to file the appropriate paperwork for a student loan ($200 deposit required if loan paperwork has not been finalized).
- ☐ I plan to contract with AMS for a payment plan ($30 fee to be paid to AMS is required) ($200 deposit enclosed).
- ☐ I have contracted with AMS for a payment plan.
- ☐ Please charge my ☐ Visa ☐ MasterCard ☐ AmEX Amount to be charged:_____

Print cardholder's name _____

Card number _____ **Exp. Date** _____

Signature _____

I acknowledge that I am responsible for payment of all tuition charges and charges to personal accounts. These may include expenses incurred at the bookstore, the library, and all other facilities that extend credit or charge student accounts. I agree to reimburse the College for reasonable attorney fees and all other costs incurred in collection efforts, should charges not be paid when due.

Signature _____ **Date** _____

Note: Registration is not valid without signature, date and social security number.

Goucher College ♦ Sheppard Pratt is an equal opportunity institution that does not discriminate on the basis of race, gender, sexual orientation, color, age, religion, national or ethnic origin, disability, or handicap in its personnel, admissions, educational policies, scholarship and loan programs and other school administered programs.