



CONSERVATIVE THEOLOGICAL UNIVERSITY

12021 Old St. Augustine Road
Jacksonville, FL 32258
904-262-8275

Course Selection / Tuition Payment

Name (last, first, middle) _____

Degree Level: Institute _____ Associates _____ Bachelor _____ Masters _____ Doctoral _____

Student ID# (SS#) _____ Date: / /

Current Address _____

City _____ State _____ Zip Code _____

Cell phone () _____ Other Phone () _____

Check here if this is a new address or telephone number: E-Mail: _____

Course Information

CODE	COURSE	CREDIT HRS.	INT/EXT/Online/Seminar

Tuition Payment Information

Please read carefully

TUITION: Number of Credit hours	x	\$	per credit hour =	\$
REGISTRATION FEE: (If applicable for initial registration)			+	\$
Check here if you want CTU Book Store to ship textbooks to you. () Shipping			+	
TOTAL BOOK FEES: (If applicable, check with book service.)			+	\$
TOTAL PAYMENT: (To be remitted with registration or write " On Contract ".)				\$

I understand that I am responsible to meet the financial obligations incurred for the courses for which I registered. I understand that certain fees incurred (registration, books, etc.) are nonrefundable. No refund after registration for courses. **I hereby register for the courses listed above.**

Student signature _____ Date _____