

**TRINITY INTERNATIONAL UNIVERSITY  
ENROLLMENT AGREEMENT**

Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_ SSN: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip +4 \_\_\_\_\_

Personal Email Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Check this box if addressing and other personal information above is new.

Select semester and write in year:       Fall                       Spring                       Summer                      Year \_\_\_\_\_

Write in your course selection(s) below:

| Course Number | Course Section | Course Title | Credits | Instructor |
|---------------|----------------|--------------|---------|------------|
|               |                |              |         |            |
|               |                |              |         |            |
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|               |                |              |         |            |
|               |                |              |         |            |
|               |                |              |         |            |
|               |                |              |         |            |

Financial clearance must be completed by the last date to late register. If you late register, a late fee will be assessed.

Indicate intended method of payment below:

*Initial Below*

- \_\_\_\_\_ Financial aid will cover my balance in full (I have contacted and verified with the financial aid office)
- \_\_\_\_\_ I wish to set up a payment plan. My credit card information is either on file or listed below. Please charge the first payment.
- \_\_\_\_\_ I wish to set up a payment plan. I have confirmed with the business office as to the first payment and have included it with a check.
- \_\_\_\_\_ I wish to only course select (pre-register) at this time but I will supply payment either by check, credit card, or financial by the last date to late register. I understand that a late fee will be assessed if I enroll during the late registration period.
- \_\_\_\_\_ Please charge the full tuition and fees to my credit card (information provided below or is already on file).
- \_\_\_\_\_ Please charge my credit card:     Visa     MasterCard     Discover     American Express

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

- \_\_\_\_\_ Please continue to charge my credit card for each required payment while on the payment plan. I understand that there is a 1% deferment fee.

I understand that full payment must be completed for this semester before subsequent registrations will be accepted. I further understand that if I intend to either drop a course(s) or withdraw from all courses that I will notify the Records/Registrar's office by using the appropriate form and submitting that form to the aforementioned office. I agree that I understand and will abide by the current university refund policy as noted below.

**Florida Regional Center Refund Policy**

|  |     |
|--|-----|
| Through 1 <sup>st</sup> Week of Classes.....   | 90% |
| Through 3 <sup>rd</sup> Week of Classes.....   | 80% |
| Through 4 <sup>th</sup> Week of Classes.....   | 70% |
| Through 6 <sup>th</sup> Week of Classes.....   | 60% |
| Through 8 <sup>th</sup> Week of Classes.....   | 50% |
| Through 9 <sup>th</sup> Week of Classes.....   | 40% |
| After the 9 <sup>th</sup> Week of Classes..... | 00% |

Subject to the date of official withdrawal, tuition and fees will be refunded according to the schedule above. If a student withdraws from the institution during any given enrollment period, calculations must be performed to determine what amount of the student Title IV federal financial aid is to be returned. Please contact the financial aid office while you are making the decision to withdraw. Disciplinary measures that require the withdrawal of a student will also follow the above refund schedule.

**Dropping Classes**

All fees will be prorated based on the date of withdrawal or course change according to the refund schedule above. Before changing from full-time part-time status, a student should contact the financial aid office to determine the effect on aid. A full-time student whose course load drops to less than full-time before the end of the 2<sup>nd</sup> week of classes will be charged the part-time rate for the entire semester. After the 2<sup>nd</sup> week of classes, tuition minus the appropriate part-time rate, is refunded based on the refund schedule above. Student whose course load is over 12 hours, who drop to within 9 to 12 hours before the end of the 2<sup>nd</sup> week of classes will be refunded their overload charge(s). After the 2<sup>nd</sup> week of classes tuition will be refunded based on the above refund schedule.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Academic Advisor Signature \_\_\_\_\_

Date \_\_\_\_\_

Registration Officer Signature \_\_\_\_\_

Date \_\_\_\_\_