

**SPERTUS COLLEGE
DOCTOR OF JEWISH STUDIES REGISTRATION FORM**

Name _____ SSN _____

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Address _____

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City/State/Zip _____

—

Home Phone _____ Work Phone _____

Email address _____

TUITION rates are charged on a **per quarter hour** basis:
\$275.00 *per quarter hour*

Course Number	Course Title	Quarter Hours	Tuition Amount
	Non-Refundable Registration Fee		+ \$25.00
		TOTAL TUITION	\$

- Fall
- Winter
- Spring
- Summer

Visa/Mastercard # _____

Exp. Date _____

Verification Code (3 digit code on back of card) _____

Signature _____

20 _____

REFUND POLICY: 100% within first month of registration
 75% within second month of registration
 50% within third month of registration
NO REFUND AFTER THIRD MONTH OF REGISTRATION

Mail to: Registrar
 Spertus College
 610 S. Michigan Ave., 6th fl
 Chicago, IL 60605
 or call (312) 322-1769
 FAX (312) 922-6406

For office use only:

APPROVED BY: _____ DATE: _____