

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

Name _____ SSN _____

Address _____

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
	Subtract Automatic Scholarship (see explanation below)		
	Non-Refundable Registration Fee		+ \$25.00
		TOTAL TUITION	\$ _____

- Fall
- Winter
- Spring
- Summer

Visa/Mastercard # _____

Exp. Date _____

Verification Code (3 digit number 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

Please circle the category which applies: Automatic Scholarships of 1/3 are granted to degree students whose full-time employment is as an educator in a Jewish religious school, who are full-time communal service employees in a Jewish agency, who are full-time clergy, or who are Senior Citizens (age 62 and older).

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

For office use only:

APPROVED BY: _____ DATE: _____