



Online & Professional Studies
 Autism Spectrum Disorder Added Authorization
 Application or Certificate Application

Name: _____ CBU ID#: _____ SSN: _____ - _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ Cell Phone: (_____) _____

Birth Date: _____ / _____ / _____ Email: _____

I am interested in: Added Authorization Certificate of Completion

Who or what influenced you to apply to CBU? _____

Have you previously applied for admissions at CBU? Yes No If so, when? _____

The following questions are optional. The answer will be used for institutional research and federal reports only.

1. Are you Hispanic or Latino? Yes No
2. Please mark one or more of the following races.
 - American Indian or Alaskan Native Black or African American Native Hawaiian or other Pacific Islander
 - Asian White Hispanic/Latino Nonresident Alien Race/ethnicity unknown

Certification:

I understand that California Baptist University regulations prohibit the use of tobacco, alcoholic beverages, and non-prescribed drugs on campus. I also understand that violations of any criminal or civil law shall be construed as a violation of University policy. I certify that the statements made in this application are true and complete to the best of my knowledge. I understand that falsification, withholding pertinent data, and/or failure to comply with University regulations as stated in the *Student Handbook* and/or other appropriate University publications may result in expulsion from CBU.

1. Enrollment in a spring session does not constitute acceptance to a CBU degree program.
2. I do not have a criminal record.
3. I am not in collections at another university.
4. I acknowledge and accept CBU policies regarding withdrawal and refund as outlined in the University Catalog.

Dropping a Course: During the initial Add/Drop period a student may drop a course and receive a full credit of tuition if applicable. No mark will appear on the transcript. *A student may not drop a class merely by ceasing to attend.* Initials: _____

Withdrawal from a Course: Students may withdraw from a course during the Withdraw period. A grade of W will appear on the transcript. No credit of tuition will be granted after the Drop period. *After the Withdraw period no withdrawal from a course will be permitted. Students who cease attendance after the withdrawal date will receive a grade of F in that course.* Failing or performing poorly in a class, and dissatisfaction with the subject matter, class or instructors are not acceptable serious and compelling reasons for late withdrawal. Initials: _____

Signature: _____ Date: _____

**** Registration and payment options on reverse side of form****

Office Use Only:

Date processed by Admissions: _____ Initials: _____ Payment to Student Accounts

Date processed by Registrar: _____ Initials: _____ InsideCBU form to IT

1. Please check desired course(s).
2. Fill out financial arrangements box.
3. Return application and payment to CBU.

Name: _____

Student ID#: _____

<u>Course</u>	<u>Course Title</u>	<u>Section</u>	<u>Day</u>	<u>Units</u>	<input type="checkbox"/>	<u>Course</u>	<u>Course Title</u>	<u>Sec</u>	<u>Day</u>	<u>Units</u>
<input type="checkbox"/> XSPE551	Introduction to Autism	A	Online	3	<input type="checkbox"/>	XSPE556	Teaching & Learning Strategies for students w/ Autism Spectrum Disorder	A	Online	3
<input type="checkbox"/> XSPE546	Applied Behavior Analysis	A	Online	3	<input type="checkbox"/>	XSPE555	Consultation, Collaboration & Effective Intervention	A	Online	3

Financial Arrangements:

Tuition and fees are due and payable prior to registration and the student whose signature appears below is solely responsible for prompt payment. In the event additional tuition or fee charges are incurred as a result of changes to registration or participation in service activities payment in full must be received within 30 days. I, the undersigned understand that if my account should become delinquent at anytime, failure to make payment of any indebtedness to the University when due is considered sufficient cause, until debt is settled with verified funds, to: bar the student from classes, withhold diploma, grade reports or transcript of records, and dismiss the student. I further understand that if my account is forwarded to a collection agency, I will be responsible for covering collection costs and reasonable attorney fees. Interest is charged on all delinquent accounts at a rate of .03% computed daily or 10% per year. In addition, I hereby authorize the university to check my credit history and, verify other information on this agreement, and provide credit information for use in connection with the review or collection of any accounts during or after my time as a student. In the event I fail to repay my account balance, I hereby waive my right to notice of such default, presentment and dishonor, as well as any right to any available statute of limitations. *Initials:* _____

Class charges for Certificate/Added Authorization only:

Tuition units: _____ x \$166.00 per unit = \$ _____

Payment:

Check # _____ \$ _____

Make checks payable to: CBU

Credit Card Payment (*you will be called to finalize payment*)

Financial Aid not available for Certificate/Added Authorization

Fax, email, mail or drop off this form to California Baptist University, Online & Professional Studies, 8432 Magnolia Ave, Riverside, CA 92504.

Fax – (951) 358-1181 or email – cbuonline@calbaptist.edu. Questions: call (877) 236-1617.

I understand that in order for me to get the Added Authorization I need to have a Special Education Credential, otherwise I will receive a Certificate of Completion.

Student Signature

Date

OPS 07/2011



CBU Online & Professional Studies

951.343.3900 cbuonline@calbaptist.edu