

INTERNATIONAL UNIVERSITY OF THE EAST

OM Meditation Center

1125 West Sixth Street, Suite 207, Los Angeles, CA 90017
Phone: 213-947-3611 Fax: 213-947-3549 Email: info@iueast.org

REGISTRATION FORM

STUDENT INFORMATION:

Last Name First Name Middle Date of Birth

Mailing Address Apt#/Suite# City State Zip Code

Phone Number: () _____

Email: _____

PROGRAM INFORMATION:

Program Title: _____ # of Units/Credit Hours: _____

Enrollment Start Date: _____ Enrollment End Date: _____

COURSE REGISTRATION:**SELECTED COURSES:**

Course #	Course Title	Units	Days	TIME

“I have discussed with school administrators regarding my academic progress and after considering the advices, I have decided to request the information stated above.”

FEES & CHARGES:

Tuition: (\$ _____) x (_____) Units _____ (No refund after 6th week of each quarter)

Scholarship (_____): _____

Miscellaneous (_____): _____

Total Fees & Charges: _____

CERTIFICATION:

_____ I understand that full refund will be given if I cancel/drop prior to start of each quarter and no refund after 6th week of each quarter.

_____ I understand that being 30 minutes late to a class results in being marked “Tardy” and 3 tardies results in one absence.

_____ I understand that International University of the East has the right to terminate my SEVIS record for non-compliance with SEVIS rules and regulations (example: attendance below 80%, below 12 or 9 units per quarter, and below the required 2.0 or 3.0 GPA) and any policies and rules set forth by International University of the East.

_____ I will notify International University of the East of any international travel arrangements 3 weeks prior to departure.

_____ I understand that this is a legally binding contract. My signature below certifies that I have read, understood, and agreed to my rights and responsibilities, and that the institution’s cancellation and refund policies have been clearly explained to me.

DATE

SIGNATURE OF STUDENT

DATE

SIGNATURE OF SCHOOL OFFICIAL