



# UNION BAPTIST COLLEGE AND THEOLOGICAL SEMINARY

E. J. Thompson Sr., Multipurpose Center

626 South Galvez Street · New Orleans, Louisiana 70119-7518

P. O. Box 8572 · Metairie, Louisiana 70011-8572

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## REGISTRATION FEE SHEET

Night Student \_\_\_\_\_  
Day Student \_\_\_\_\_  
Decal # \_\_\_\_\_

Social Security No. \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_  
(Last) (First) (Middle/Maiden)

Address \_\_\_\_\_ Home Phone No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Work No. \_\_\_\_\_

DEGREE PROGRAM \_\_\_\_\_ SEMESTER \_\_\_\_\_

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TUITION	\$ _____
OTHER FEES (DEFERMENT, ETC.) Late Fees \$40.00	\$ _____
APPLICATION FEE	\$ <u>35.00</u>
APPLICATION FOR RE-ADMISSION	\$ <u>25.00</u>
REGISTRATION FEE	\$ <u>50.00</u>
PARKING FEE	\$ <u>25.00</u>
LIBRARY FEE	\$ <u>5.00</u>
I. D. PHOTO	\$ <u>25.00</u>
PREVIOUS BALANCE (If Any)	\$ _____
_____	TOTAL AMOUNT OWED \$ _____

This is a PERSONAL ACCOUNT \_\_\_\_\_, SCHOLARSHIP ACCOUNT \_\_\_\_\_.

I understand that if a **PERSONAL ACCOUNT**, I am responsible for my tuition. I promise to have the balance paid not later than **two weeks** \_\_\_\_/20\_\_\_\_, after the beginning of this school year. **IF FULL TUITION IS NOT RECEIVED, STUDENT WILL NOT BE PERMITTED TO ATTEND CLASS.** My signature confirms my agreement.

\_\_\_\_\_  
Signature

If a **SCHOLARSHIP ACCOUNT**, the Church I currently attend, \_\_\_\_\_ ASSOCIATION will be responsible for the full payment of my tuition as mentioned in the LETTER OF SPONSORSHIP I AM SURRENDERING to you.