

# Individual Course Offerings Registration Form

Name (please print) \_\_\_\_\_ ID number \_\_\_\_\_

Program \_\_\_\_\_ Phone Number \_\_\_\_\_

Class / Track (start date) \_\_\_\_\_

## Course Selection for Enrollment

Code	Course Name	Term	Cost	Faculty Signature, if required
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

In submitting this form and payment, I accept and agree to abide by Tai Sophia Institute's student policies and regulations, including the refund policy (available at [www.tai.edu](http://www.tai.edu), under Current Students). I understand that I am financially responsible for payment in full for the course(s).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Form of Payment

Please indicate the form of payment and enclose with registration and return to the Registrar's Office.  
 Address: Tai Sophia Institute, 7750 Montpelier Rd., Attn: Registrar's Office, Laurel, MD 20723

Total Cost: \_\_\_\_\_ Check number \_\_\_\_\_ Credit Card (circle one): Visa MasterCard

Name on the card \_\_\_\_\_ Expiration date: \_\_\_\_\_

Card number \_\_\_\_\_ Verification Code (3 digits): \_\_\_\_\_

Signature: \_\_\_\_\_

Director of Financial Aid Signature: \_\_\_\_\_



**Tai Sophia  
Institute**

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 fax 410-888-9278  
[www.tai.edu](http://www.tai.edu)