

Graduate Registration Form

Student Name (please print):

Date:

Graduate Program(s):

Employer:

City, State:

Required signature below. Please read. I understand that I am financially responsible for tuition and fees, room and board if living on campus, and any other charges associated with my enrollment (collectively, the "debt"). If my student account becomes delinquent upon notification from the University and attempts to collect are unsuccessful, I understand that my account may be referred to the University's collection agency or attorney for collection. I agree to reimburse Malone University the fees of any collection agency, which may be based on a percentage at a maximum of 33^{1/3}% of the debt, and, in addition to said fees, all costs and expenses, including reasonable attorney's fees and court costs, the University incurs in such collection efforts. I authorize Malone University and its agents, representatives, attorneys and contractors (including collection agencies) to contact me at the current or any future number that I provide, through my cellular phone or other wireless device, home phone and email, including by way of text and automated telephone dialing equipment or artificial or pre-recorded voice or text message, for the purposes of collecting any portion of my financial obligation which is past due.

➔ **Signature** (no electronic signatures accepted): _____

Are you an NCAA Athletic Team member here at Malone? (mark one)* ☐ Yes ☐ No

*Failure to identify yourself as an athlete and/or the following of proper procedures could impact your current athletic standing and result in an NCAA and/or University violation and sanction.

Athletic Compliance Officer's Signature: _____

Mark one: ☐ Fall Semester ☐ Spring Semester ☐ Summer Semester Year: _____

Course #	Section #	Course Title	Hours	OL	M	T	W	H	F	S	Time
MBA 528	01 OC A	EXAMPLE ONLY: Managerial Economics	3	X							online

Total Hours ▶ _____

Indicate payment plan. Please note some plans include fees.

- ☐ Pay in full via ePioneer or other payment type by first payment due date: *Fall - Aug 10; Spr - Dec 10; Sum - Apr 10*
- ☐ Full semester: Four monthly installments: *Fall = Aug-Nov; Spr = Dec-Mar; Sum = April-July* (additional \$50.00 fee)
- ☐ One term only: Two monthly installments (additional \$50.00 fee)
- ☐ Company reimbursement: Current policy must be on file (additional \$50.00 fee)
- ☐ Financial aid (All paperwork must be on file. Call 330-471-8159 with any questions.)

Office Use Only	Student ID #:	Drop Fee:	Business Office:
	Employer Discount: Y N		
	Informed Financial Aid:	FT to PT	PT to FT

Return to Office of the Registrar
 Phone: 330-471-8128 ♦ Fax: 330-471-8661 ♦ Email: registrar@malone.edu
 Mail: Office of the Registrar, Malone University, 2600 Cleveland Ave. NW, Canton, OH 44709