APPLICATION FOR SUMMER 2009 MUST ACCOMPANY THE REGISTRATION FORM BELOW

BANNER ID # **Name (please print)** **Last Name** **First Name** **Middle/Maiden**

***Use course number 3XX for undergraduate and 5XX for graduate level course.**

CRN	Course Prefix	*Course Number	Section	Course Title	Credits	Session or Dates of Workshops	Instructor
						TOTAL CREDITS	

Please notify the Registrar's Office if you want to audit the course/workshop. The same fees apply whether students are registered for credit or as auditors. NOTE: Any ADDITIONS, DROPS OR CHANGES MUST be made by DROP/ADD FORM OR IN WRITING to the Registrar's Office.

METHOD OF PAYMENT

If you register on or before June 12, 2009, you must pay or defer fees by 4 PM on June 12, 2009. If you register after June 12 your registration must be accompanied by **FULL** payment. Failure to pay under these guidelines will result in your being dropped from **ALL** classes and workshops. Please base your method of payment on the estimated fee schedule on page 24. The printed fees are estimated and subject to change. Please indicate Method of Payment (A,B,C,D) by completing appropriate section below. **Enclose payment if selecting Method of Payment option A or D.**

A. CHECK OR MONEY ORDER (Amount)_____

B. CREDIT CARD: If you wish to pay by credit card, Northern will calculate your fees for you. Please provide your card number and sign the payment authorization.

❑ Visa ❑ MasterCard Card Number _____ Expiration Date_____

Cardholder's Signature _____ Date _____

Address _____ Phone _____

C. THIRD PARTY BILLING PROGRAMS: Phone 1-800-662-6132 extension 3733 for instructions. We will **NOT** automatically complete your registration.

D. DEFERRED PAYMENT: Deferred Payment, **available only until June 12,** requires a down payment of 1/4 of the total fees due calculated on the estimated fee schedule on page 24 plus a $30 administrative charge. I hereby agree to pay the remaining balance by August 7, 2009. If I drop any courses after the deadline, I am still liable for any outstanding balance on my deferment. I agree to pay any attorney fees and all other costs necessary for the collection of any amount not paid when due at the rate of 33%. I have read and agree to the items of this deferred payment. **Deferred fee payment dates are: 6/12 - 25% of total fees; 7/2 - 50% of total fees; 7/24 - 75% of total fees; 8/7 - 100% of total fees.**

Student's Signature _____ DATE _____

REQUEST FOR ROOM RESERVATION SUMMER SESSION 2009

If you wish to reserve a room in the residence hall, please send the following information with completed application form (no deposit required).
Single rooms will be assigned ONLY when available.

Name: _____

Address: _____
Street/PO Box City State Zip

Phone: _____ Banner ID # _____

❑ Single Room (if available) ❑ Double Room Age _____ ❑ Male ❑ Female ❑ Smoker ❑ Non-Smoker

Roommate Preference _____ Physical Limitations _____

I plan to stay in the residence hall the following nights:

A. FULL OR HALF SESSION ROOMS
(Circle dates)

Full Session (June 7 - August 6)
OR
First Session (June 7 - July 8)
OR
Second Session (July 9 - August 6)

OR

B. PER NIGHT ROOMS (Circle dates)

June 7, 8, 9, 10, 11, 12, 13
June 14, 15, 16, 17, 18, 19, 20
June 21, 22, 23, 24, 25, 26, 27
June 28, 29, 30, July 1, 2, 3, 4
July 5, 6, 7, 8, 9, 10, 11
July 12, 13, 14, 15, 16, 17, 18
July 19, 20, 21, 22, 23, 24, 25
July 26, 27, 28, 29, 30, 31, August 1
August 2, 3, 4, 5, 6, 7

IF YOU ARE CANCELING AND HAVE RESERVED A ROOM, PLEASE CANCEL YOUR ROOM RESERVATION BY CALLING THE HOUSING OFFICE AT 265-4113. THANK YOU.

RETURN FORMS TO: REGISTRAR'S OFFICE MSU-Northern, P.O. BOX 7751, HAVRE, MT 59501