

Summer Undergraduate Guest Student Registration Form

Name _____

Last name
First
Middle
Soc. Sec. Number

Address _____

Street
City
State
Zip

Telephone _____

Home
Cellular

Home Campus Email: _____ Alternate Email: _____

_____ Date of Birth Ethnic Origin (optional):
 White Non-Hispanic Hispanic American Indian/Alaskan Native
 Black Non-Hispanic Asian/Pacific Island Non-resident Alien

Gender (check one): Male Female

Have you ever been enrolled at Butler University? Yes No

Student Attestations:

- | | | |
|--|------------------------------|-----------------------------|
| 1. I am in good standing with my current University. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Name of University _____ | | |
| 2. I meet the requirements for the courses I want to take. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. I understand and accept the financial obligation of tuition. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. I understand that Summer Enrollment does not grant admission status to Butler University. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

 Signature _____
 Date

We will begin processing summer guest student registration forms two weeks after summer registration opens.

Summer 1 Course Request

Course number and title	Day and Time	Instructor

Summer 2 Course Request

Course number and title	Day and Time	Instructor

Security and Fire Safety Information

Butler University is committed to assisting all members of the Butler community to collectively achieve a safe campus environment. The annual security and fire safety compliance document is available on the Butler University police Department website at <http://www.butler.edu/public-safety/clery-information/annual-security-reports-asr/>. If you would like to receive a booklet called "The Annual Security and Fire Safety Report" which contains this information, you can request that a copy be mailed to you by calling (317) 940-8418. The website and booklet contain information regarding campus security and personal safety including topics such as: crime prevention, fire safety, university police law enforcement authority, crime reporting policies, disciplinary procedures and other matters of importance related to security and safety on campus. They also contain information about crime statistics for the three previous calendar years concerning reported crimes that occurred on campus; in certain off-campus buildings or property owned or controlled by Butler University; and on public property within, or immediately adjacent to and accessible from the campus.

This information is required by law and is provided by the Butler University Police Department.

Revised: 02/2015

Registration & Records, 4600 Sunset, Indianapolis, IN 46208, Room JH 133
Phone: (317) 940-9203 Toll-free: 800-368-6852

Email: Registrar@butler.edu
Fax: (317) 940- 6539

**BUTLER UNIVERSITY
ACCEPTANCE OF FINANCIAL RESPONSIBILITY
PROMISSORY NOTE**

I understand and agree that by accepting the terms of financial responsibility documented in this agreement, I am entering into a contract with Butler University. Further, I confirm that I am the student responsible for this agreement. By submitting this agreement, I state that I am voluntarily entering into this agreement governing my financial responsibilities to Butler University, and understand that it is governed by Butler University's policies and the appropriate U.S. and Indiana State laws.

I understand that by accepting this agreement, I will be allowed to complete the registration and enrollment process for the upcoming term(s). In return for the ability to register for and enroll in courses, I am assuming complete and personal responsibility for paying all University-related expenses regardless of the availability of financial aid, gifts, family support, employer reimbursement or any other external resources. I agree that by completing the registration and enrollment process, I am responsible for paying any and all balances due to Butler University, regardless of when those balances may become or have been incurred, and that this agreement constitutes a promissory note that obligates me to pay all outstanding balances to Butler University.

I understand and agree that if I fail to pay any outstanding balances when due, interest of 18% per year will be assessed on a monthly basis to the outstanding balance. I further understand that if my financial obligations are not met, Butler University will withhold future registrations, enrollment verification, official transcripts and diploma. Butler University, and any agent working on its behalf, may contact me via US mail, email, and telephone (including but not limited to home, mobile and employer.)

Finally, I understand and agree that any outstanding balance may be transferred to a collection agency and that I will be responsible for the outstanding balance plus all costs of collection, including reasonable collection fees, not to exceed 33.3% of my account balance, attorney fees, and accrued interest.

Printed Name

BU ID Number or SSN

Signature

Date