2015 RE-ENROLLMENT
Course Selection Form

# __________________________________ Grade _____ as of ____/____
Student's CTY ID

________________________________  _________________________
Student's Last Name     Student's First Name

1) This student will:
   □ continue with the current course, __________________________
   □ begin a different course, _________________________________
      (Course codes on reverse side. You may contact your instructor for course
      recommendations or visit http://cty.jhu.edu/math/courses.html)

2) We wish to re-enroll for:
   □ 9 months* $2040 + $15 Application Fee** = $2055
   □ 6 months* $1430 + $15 Application Fee** = $1445
   □ 3 months*  $740 + $15 Application Fee** = $755
   □ 1 month*  $260 + $15 Application Fee** = $275
      (Continuing current or previous course only)

   □ Students living outside the U.S. must add International Fee of $15.00 [If the cost
      of shipping materials outside of the United States is above this amount, the excess
      cost will be charged directly to the student’s account].

   * Please note: Tuition rates subject to change. Visit http://cty.jhu.edu for updates.
   ** If students re-enroll in their active, current course before enrollment end date, the
      Application Fee may be waived.

   □ I am applying for Scholarships or Financial Aid
   READ IMPORTANT INFORMATION ON WEBSITE:
   http://cty.jhu.edu/cde/tuition.html

3) The first day of this enrollment period should be: ______/_____/______
   ALLOW 2 WEEKS FOR PROCESSING          mm         dd            yyyy

4) RETURN THIS COMPLETED FORM WITH THE TUITION PAYMENT FORM.
2015 RE-ENROLLMENT
Tuition Payment Form

# __________________________________
Student’s CTY ID

________________________________  _________________________
Student’s Last Name     Student’s First Name

IMPORTANT: Submit your re-enrollment once by fax or US mail. Duplicate applications may result in duplicate charges. If you have not received a confirmation notification within seven days, please contact the registration office at ctyreg@jhu.edu

☐ I have enclosed Check # ______________ dated __________(Payable to JHU/CTY)
   Please include student’s name and CTY Student ID #, if known, on check.

   Name of person signing check (please print): ______________________________

☐ Charge my:
   □ MasterCard    □ VISA    Account number: ______________________________

   Name of Card holder (print): ______________________________    Exp. Date: _______

   I authorize payment of $________________

   Signature of card holder: ________________________________________________

☐ School Pay:
   Purchase Order Number: _______________________________________________

REFUND POLICY: Parents/guardians who submit a written request to withdraw that is received by CTY no later than two weeks after the enrollment start date receive a 50% tuition refund, provided that software and course materials are returned in satisfactory condition. The application fee is non-refundable. Refunds take up to six weeks to process, or longer, depending on receipt of the courseware. Send requests to withdraw by email to ctyreg@jhu.edu

Return these completed Forms to:
CTYOnline School Program
Johns Hopkins University
PO Box 64710
Baltimore MD 21264
FAX: 866-646-3816

CTY OFFICE USE ONLY

DEPOSIT TICKET NUMBER: ______________
APPROVAL CODE: ___________

The Center for Talented Youth is accredited by the
Commission on Secondary Schools of the Middle States Association of Colleges and Schools