

SHU Community Music Program

Extension Music Lessons

Registration Form



Please complete all information and return with payment to:
Seton Hill University
Community Music Program,
One Seton Hill Drive
Greensburg PA 15601
724-552-2923

Please do not copy, scan, fax or email this form to Seton Hill University. US Mail or hand delivery in a sealed envelope is acceptable.

Student: _____

Instrument: _____ Teacher: _____

Lesson Length	Number of Lessons	Rate	Total Due

Lesson Rates	Univ Faculty	CMP Faculty	Student Teacher
30 minutes	\$ 24.50	\$ 20.50	\$16.75
45 minutes	\$ 36.75	\$ 30.75	—
60 minutes	\$ 49.00	\$ 41.00	—

OFFICE USE ONLY: (do not write in this box)

Payment: _____

Method: _____

LESSON FEES: Use the chart determine total fee and discount (if applicable). The total fee must be paid before the first lesson of any session. *Note: Current tuition amounts are listed above and on the website: www.setonhill.edu/cmp*

TOTAL FEE DUE: _____

Discount: (if applicable) _____

AMOUNT PAID: _____

NEW POLICIES

A **billing fee of \$15** may be added to your account if it becomes necessary to bill for unpaid lesson fees or if a student takes a lesson before it has been paid for. **The returned or NSF check fee** has increased to \$50.

PLEASE NOTE REFUND POLICY AND YOUR FINANCIAL RESPONSIBILITIES: For private lessons, no refunds will be made after the fourth lesson. Before the fourth lesson of any session, paid tuition will be refunded for any unused lessons.. After the fourth lesson students are responsible for the full fee. **Collections and Bankruptcy:** the student is responsible for all collection costs, including attorneys' fees and other charges, necessary for the collection of any amount not paid when due.

Signature _____ Date _____

Contents below this line are shredded once the transaction is processed

CREDIT CARD INFORMATION (please print)

Card Type: ___ MasterCard ___ VISA ___ Discover ___ American Express ___ Diners Club® ___ JCB®

Cardholder's Name as it appears on the card: _____

Card Number: _____

Card Expiration Date: _____ CVV (security code): _____

Cardholder's Statement Address: _____

Cardholder's Signature: _____ Date: _____