

# ORDER FORM FOR COUNSELING PROGRAM

Please place a checkmark by the course or courses you want to take, and write in the cost. Your fee will be due before any books or materials will be mailed to you. In order to take these courses for credit, you must also have submitted an Application Form for acceptance into the Bachelor, Master, or Doctor Program.

|                                       |                 |
|---------------------------------------|-----------------|
| _____ Associate in Counseling Program | Amount \$ _____ |
| _____ Bachelor in Counseling Program  | Amount \$ _____ |
| _____ Master in Counseling Program    | Amount \$ _____ |
| _____ Doctor in Counseling Program    | Amount \$ _____ |

Name of Student: \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_, Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

## **\*NOTE\***

For any Student who would like to pay their Bachelor, Master, or Doctor Program Fee by Credit Card, please fill in the information below.

Master Card \_\_\_\_\_, Visa \_\_\_\_\_, American Express \_\_\_\_\_, Discover \_\_\_\_\_

Card Number \_\_\_\_\_, Exp. Date \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_

Your Name (Please Print) \_\_\_\_\_

Billing Address (if different from above) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_, Cell Phone \_\_\_\_\_

**Your Signature** \_\_\_\_\_