

## 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 \$ \_\_\_\_\_

Total Amount \$ \_\_\_\_\_

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

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

City, State, & Zip: \_\_\_\_\_

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

Email 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\_\_\_\_\_

For All Card Use. We need the last 3 number security code on strip on back of card\_\_\_\_\_.

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

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

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

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

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

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

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