

Bahamas Institute of Business and Technology

Registration Form

Select the term	Select the term for which you wish to register																	
Personal Information																		
Last Name:						First Name:									MI:			
Date of Birth	Sex C				Male O Female N				Natio	onali	ty							
Student No: Major:										Email								
P O Box: Street:											City:							
Phone C:					Phone W:						Phone H:							
Classification:	Admit	nitted Student O Currently Enrolled Student O Transfer Student										dent						
Check Program Level O Certificate O Dip					oma O Associate Deg					gree O Bachelor Degree O Ot						her		
Enrollment Status:				Cr	Credits earned to date:					Currently enrolled								
Course Information																		
Type Title					ım	Code Cred			edit	lits Day/s			me	Ins	structor			
Refund Policy: Tuition is refunded upon written request in accordance with the following schedule and is calculated on the basis of full tuition payment. Withdrawal in writing seven (7) days before the first day of the term, 100%; up to the end of the first week, 75%; up to the end of the second week, 50%; up to the end of the third week, 25%. No refund is awarded after the third week of the term. Refund applies to tuition only. All other fees are non-refundable.																		
Student's signature:										Date:								
Once the form is completed, please sign, save and email to <u>admin@bibtbahamas.com</u>) Do Not Scan Form For Official Use Only																		
Fees & Charges											Insta	llmer	nent Date					
Registration Fee			Technol	ogy F	ee				Fi	rst								
Tuition Fee			Re-Insta	ate Fee	2				Se	cond								
Installment Fee			Other						Tì	Third								
	harg	es	5			Fo	Fourth											
Payments										Approval								
Scholarship Amou		Amount Paid] A	Approved by:									
	Due	ie					Date:											
Approved by:											Da	te:						