



The University of Georgia

**Executive Program in Financial Planning Certification: Live-Online
Application & Tuition Payment Form**

University of Georgia
Terry College of Business Executive Education Center
3475 Lenox Road, Suite 300
Atlanta, GA 30326-3228

Personal Information

Name _____
(Last name) (Middle Initial) (First name)

Home Mailing Address _____

City _____ State _____ Zip _____

Home Phone () - _____ Alternate Phone () - _____

Fax () - _____ E-mail _____

Employment Information

Employer _____ Job Title _____

Business Mailing Address _____

City _____ State _____ Zip _____

Work Phone () - _____ Length of Time Employed _____

Education Information

Please enter information regarding your highest degree earned and additional professional designations.

College/University _____ Degree _____

Date of Attendance _____

Professional Designations _____

Licenses or Registrations _____

How did you hear about the Program? CFP Board Web site Online search University of Georgia Web site Dalton Web site

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Total Payment (excluding text books and supplies) \$4,600
Your seat in the program is not guaranteed until payment in full is received.

Withdrawals:

You have the option of withdrawing within 7 days of the first class, and receive a 90% refund of tuition paid. Withdrawal notice should be sent to Carmen Vincent at cvincent@terry.uga.edu within the time allotted.

Fixed pricing agreement:

You may be eligible to sign a fixed pricing agreement to set up a payment plan for tuition. E-mail Carmen Vincent at cvincent@terry.uga.edu for details.

Payment Information:

Student's Name: _____ Session #: _____

Phone Number: () _____ Email: _____

Full tuition \$4,600

Total Amount included or to be charged: \$ _____

Methods of Payment:

- 1. Checks must be made payable to University of Georgia and received no later than 7 days prior to 1st class. Send a copy of this form and check to: Frances Beusse, Terry Executive Education Center, 3475 Lenox Road, NE, Suite 300, Athens, GA 30326
2. Credit Card information must be received no later than 7 days prior to 1st class. Fax a copy of this form to: Frances Beusse, 404-842-4848

Please circle payment method: AMEX Discover MasterCard Visa

Full Name (as it appears on the credit card) _____

Card No. _____ Exp. Date _____

Card Billing Address _____

City _____ State _____ Zip _____

Please call 404.842.4853 if you wish to provide your credit card number via phone. Please also fax over a copy of this form for our records with the CC# blank.