



ASCAP

Account No. \_\_\_\_\_

**Allen Alexander**

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July 1, 2003 – June 30, 2004 College and University Student Enrollment Report (One Tier)

**PLEASE NOTE THAT THIS REPORT IS DUE NOVEMBER 1, 2003**

Total of next two lines, **“Full Time Student Equivalent”(FTE)** enrollment in **Fall, 2003** \_\_\_\_\_

- The number of all full-time undergraduate and graduate students \_\_\_\_\_
- Plus one-third of all part-time undergraduate and graduate students. \_\_\_\_\_

<b>Base License Fee</b>	<b>26 Cents Per “Full Time Student Equivalent”*:</b>	
	\$ _____	
	(Result rounded to the nearest 10 <sup>th</sup> of a cent)	
	<b>Or</b>	
<b>Minimum Base License Fee</b>	<b>\$ 208</b>	
	(Higher amount of either Base or Minimum Fee) =	\$ _____

+

<b>Cable License Fee</b>	<b>5.25 Cents Per “Full Time Student Equivalent”*:</b>	\$ _____
	\$ _____	
	(Result rounded to the nearest 10 <sup>th</sup> of a cent)	
	<b>Total Licensing Fees:</b>	<b>= \$ _____</b>

Note: For Licensee’s reporting enrollment for multiple campuses or institutions, please attach a list of the individual schools for which enrollment is being reported.

I hereby certify that the foregoing statement is true and correct as of this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
 LICENSEE (COLLEGE OR UNIVERSITY)

\_\_\_\_\_  
 SIGNATURE AND DATE

\_\_\_\_\_  
 TELEPHONE NUMBER

\_\_\_\_\_  
 FAX

\_\_\_\_\_  
 (COLLEGE OR UNIVERSITY) CITY AND STATE

\_\_\_\_\_  
 PLEASE PRINT NAME AS SIGNED

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 EMAIL ADDRESS

*Please return the completed form to:*  
**ASCAP, S & E Licensing, One Lincoln Plaza, New York, NY 10023**  
**Website: www.ASCAP.com**