



ASCAP

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

**Allen Alexander**

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**July 1, 2006 – June 30, 2007 College and University Student Enrollment Report (One Tier)**

**PLEASE NOTE THAT THIS REPORT IS DUE NOVEMBER 1, 2006**

Total of next two lines, **“Full Time Student Equivalent”(FTE)** enrollment in **Fall, 2006** \_\_\_\_\_

- 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>30 Cents Per “Full Time Student Equivalent”*: \$ _____ (Result rounded to the nearest 10<sup>th</sup> of a cent)</b>
	<b>Or</b>
<b>Minimum Base License Fee</b>	<b>\$ <u>241</u></b>
	(Higher amount of either Base or Minimum Fee) = \$ _____

+

<b>Cable License Fee</b>	<b>5.64 Cents Per “Full Time Student Equivalent”*: \$ _____ (Result rounded to the nearest 10<sup>th</sup> of a cent)</b>	\$ _____
<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**