





**Account No.** \_\_\_\_\_  
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**July 1, 2006 – June 30, 2007 College and University Student Enrollment Report (Two 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>28 Cents Per “Full Time Student Equivalent”*:</b>	
	\$ _____	
	(Result rounded to the nearest 10 <sup>th</sup> of a cent)	
	Or	
<b>Minimum Base License Fee</b>	<b>\$ 193</b>	
	(Higher amount of either Base or Minimum Fee) =	\$ _____

+

<b>Cable License Fee</b>	<b>5.64 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)

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

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

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

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

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 FAX

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

*Please return the completed form to:*  
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**Website: www.ASCAP.com**

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