



Allen Alexander  
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## 2017 - 2018 College and University Student Enrollment Report - One Tier

Account Number: \_\_\_\_\_

Premise Name: \_\_\_\_\_

*PLEASE NOTE THAT THIS REPORT IS DUE NOVEMBER 1, 2017*

Total of the next two lines, "Full Time Student Equivalent" (FTE) enrollment in Fall 2017 \_\_\_\_\_

The number of all full-time undergraduate and graduate students \_\_\_\_\_

Plus one-third of all part-time undergraduate and graduate students \_\_\_\_\_

### Step 1 - Base License Fee

36 Cents Per "Full Time Student Equivalent"  
\$ \_\_\_\_\_  
(Result rounded to the nearest 10th of a cent)  
or Minimum Base License Fee: \$291.00  
Higher amount of either Base or Minimum Fee = \$ \_\_\_\_\_

### Step 2 - Cable License Fee

\$0.069 Per "Full Time Student Equivalent" \_\_\_\_\_ \$ \_\_\_\_\_  
(Result rounded to the nearest 10th of a cent)

**Total Licensing Fees (Step 1 + Step 2):** \$ \_\_\_\_\_

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 & State

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Title

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Name, Address, and Telephone Changes

University: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_