



Course Registration Form for New Students - MAcHM

Your registration is a formal agreement. Keep your copy for verification. You will be billed from this agreement and assigned to the class rosters you indicated. Any revisions to this registration must be made with an official "Add/Drop" Form.

Student ID#	Year	Quarter (Please check)			
		<input type="checkbox"/> Winter	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	<input type="checkbox"/> Fall
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Family (Last) Name	First Name	Middle Name		
Street Address		City	State	Zip Code	
Telephone No.		Email Address			

AN/LA	C/E/K	COURSE #	COURSE TITLE	INSTRUCTOR	DAY	HOURS	UNITS

Number of Units Enrolled : _____ Units x \$ _____ per unit = \$ _____
 Registration Fee: \$ _____
 Student ID Fee: \$ _____
 STRF Fee: \$ _____
 Other Fee (_____): \$ _____
Total Amount to Pay : \$ _____

Signature _____
Academic Advisor

RESPONSIBILITIES OF THE STUDENT

By signature below, I acknowledge and agree to abide by the following:

1. To meet with academic advisor before the registration.
2. To pay the nonrefundable registration fee.
3. To read the published prerequisites of the courses for which I register.
4. To comply with the refund/withdrawal policy printed on the enrollment form.
5. To abide by the rules and regulations governing student conduct published in the General Catalog and Student Handbook.

Student Signature _____ Date _____

OFFICE USE ONLY - PAYMENT

Paid: \$ _____ Check# _____ Cash _____ Credit Card: _____ Receipt#: _____
 Balance: \$ _____