

Personal Data (Please star information that has changed)

Student ID: _____ **Email:** _____

Legal Name: (Last) _____ (First) _____ (Middle) _____

Permanent Address: (Street) _____

(City) _____ (State) _____ (Zip) _____ (County) _____

Phone: (Home) _____ (Cell) _____ (Emergency) _____

Schedule Request (If you would like to audit, please check the audit column)

Year/Term:	5-digit ID	Audit	Course Number	Billable Hrs.	Course Title
Example:	00247		PSYC-101-01	3	General Psychology
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Total Billable Hours:					_____

Year/Term:	5-digit ID	Audit	Course Number	Billable Hrs.	Course Title
Example:	00247		PSYC-101-01	3	General Psychology
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Total Billable Hours:					_____

Document of Understanding

I request the courses indicated above. By my signature, I acknowledge my responsibility for payment of the tuition and fees generated by this registration. I also acknowledge that I have read and understand the College policies with respect to out-of-county charges, withdrawal and refunds (tuition and fees refunded at 100% for classes dropped prior to the starting date of a session and through 7% of a session) as published in the current Credit Class Schedule and the College Catalog.

Student Signature: _____ **Date:** _____

Credit Card Payment Information (In-person registrants: please see cashier instead of completing this form)

Type of Card: VISA MASTERCARD DISCOVER AMERICAN EXPRESS Note: Your CID# is the last three digits in the signature box on the back of your credit card

Credit Card Number: _____ **CID#:** (required) _____

Cardholder's Name: _____ **Credit Card Expiration Date:** _____

Cardholder's Billing Address: (required) _____

Cardholder Signature: _____ **Date:** _____

For Office Use Only: Adviser Signature: _____ **Processor Initials / Date:** _____