



Registration Form

SEMESTER: /Term 2011

() Associate of Arts () Bachelor of Arts () Certificate Course () High School Diploma

Student's Name: _____

Major: _____

Telephone Contact:

Work Phone _____

Cell Phone _____

Home Phone _____

Alternative Phone _____

E-Mail(s): _____

Work Address: _____

Home Address: _____

P.O. Box: F- _____

COURSE NUMBER	COURSE DESCRIPTION	DAY / TIME/DATE	LECTURER	CREDITS	COST PER CREDIT	TOTAL
			TBA			
			TOTAL TUITION FEE			\$0.00

Application Fee	\$0.00
Registration Fee	\$.00
Late Registration Fee	\$0.00
Lab Fee	\$.00
ID/Activity Fee	\$0.00
Tuition Fee	\$0.00
Deferred Payment Plan	\$0.00
Total Cost	\$0.00

SCHEDULE OF PAYMENTS				TOTAL COST
Receipt# _____	Date: _____	Amt. Paid \$ _____	\$ _____	
Receipt# _____	Date: _____	Amt. Paid \$ _____	\$ _____	
Receipt# _____	Date: _____	Amt. Paid \$ _____	\$ _____	
Receipt# _____	Date: _____	Amt. Paid \$ _____	\$ _____	
Receipt# _____	Date: _____	Amt. Paid \$ _____	\$ _____	

I have reviewed and read thoroughly and I am in agreement with the above.

Student's Signature: _____

Date: _____

Registrar's Signature: _____

Date: _____