REGISTRATION CARD				E-Mail Address:					
				(	)				
LAST NAME		FIRST NAME		INITIAL PHONE NUMBER			Student ID Number OR SSN		
								RTH DAT	
CURRENT MAILING ADD	COURSE NUMBER and TITLE	CITY DAYS &	UNITS	Instructor signature required aft		ZIP CODE	MONTH	DAY	YEAR
SECTION NUMBER	(Example: Psy 1- Intro to Psy)	HOURS		census on full term classes. Cor for additional information abou	ntact Admissi	ons & Records	OFFICE USE ONL' RECEIPT #:		DIT CARD
	JRE: ATURE:				ENTER	ED ON:		By:	
FERPA: The Fa protects the priv	JRE: ATURE: amily Education Rights racy of student education dependence that	and Privacy A	act of 1	974, commonly l have specific, p	known	as FERP	'A, is a fed	eral la	w tha

contact the Admissions & Records Office.

**STUDENT REPRESENTATION FEE:** The *Student Representation Fee* of \$1.00 will provide support for students or representatives who state positions and viewpoints before city, county, and district governments, and before offices and agencies of the state and federal government. You may for religious, political, financial, or moral reasons opt not to pay the Student Representation Fee by initialing below.

Decline to Pay Student Rep Fee - Student Initials:

STUDENT ACTIVITIES FEE: The Student Activities Fee of \$3.00 is applied to the fall and spring semesters to students enrolled in 6 or more units. It supports student social, recreational and athletic activities and programs. A student may opt not to pay this fee by initialing below.

Decline to Pay Student Activities Fee - Student Initials:

HEALTH FEE EXEMPTION/WAIVER: Students who depend exclusively upon prayer for healing in accordance with the teachings of a bonafide religious sect, denomination, or organization may request to be exempted from paying for this fee by petitioning through the Dean of Student Services Office.

A&R forms/1/12/2011