

REGISTRATION FORM

STAFF USE:

Registration Restriction/Hold: _____ Type _____ Type _____ Type _____ Release Date _____ Initials _____

1. Home Address Information **New Information**

Last Name _____ First Name _____ MI _____

Street Address _____ City _____ ST _____ Zip _____

Telephone _____ - _____ - _____ 2nd Telephone/Cell _____ - _____ - _____

Email _____ @ _____

PROGRAM: _____ **CAMPUS:** _____ **YEAR/TERM:** _____

2. STUDENTS WITH A HOLD ON THEIR ACCOUNT WILL NOT BE REGISTERED AND ARE NOT PERMITTED TO ATTEND CLASSES

Dept & Course #	Section #			Course Title	Units	Day(s)	Time(s)	Bldg	Room
	1 st	2 nd	3 rd						
Total Units:									

By your signature below, you attest to the fact that you are responsible for the accuracy of the information on your registration form and all charges incurred with the above registration for said courses.

3.
 Student Signature _____ Advisor Signature _____

Registration form: This form is provided for you to create your course schedule. This form constitutes instructions to the Registrar's Office to enroll you in courses, provided there is available space, and you do not have any unmet obligations to the College. Upon completing the registration form, deliver, mail, or fax the first page to the Campus Service Center, 3100 Telegraph Ave., Suite 110, Oakland, CA 94609; fax 510-869-1551.

REGISTRATION FORM

Instructions for completing the registration form:

1. Update all or some of your Home Address information; this will ensure that your grades, tuition bills, financial aid, etc., are mailed to the correct address without delay.
2. Write the name of the program and year/term, for example:
 - a. BSN, 02/Fall
 - b. ELMNS, 02/Fall
3. Section 2, this is the registration information you provide to the Registrar's Office:
 - a. Write the Department of the course, Course Number, and Section (obtain this information from the schedule of classes),
 - b. For Nursing only, check if this course is your first, second or third choice,
 - c. write the course title,
 - d. write the number of units (some courses are variable unit courses – therefore we ask that you be specific as to the number of units you want to enroll in),
 - e. write the meeting days, times, bldg, and room.
4. Sign your name.

Trial Schedule

	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200
MON																
TUE																
WED																
THU																
FRI																
SAT																

Campus Service Center
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 Fax: 510.869.1551