

**COLLEGE OF SAN MATEO – STUDY ABROAD PROGRAM**  
**Semester in London – Fall 2009**  
**Course Registration Form**

PLEASE PRINT

Name: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ SSN or ID # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Campus: \_\_\_\_\_ Today's Date: \_\_\_\_\_ Signature: \_\_\_\_\_

✓ *Mark the left column for the classes for which you are registering*

Crs. Ref. #	Course Number and Title	Units	Time	Days
<input type="checkbox"/>	PSCH 100 General Psychology	3	9:00 – 10:50 a.m.	Monday/Wednesday
<input type="checkbox"/>	PSYC 410 Abnormal Psychology	3	1:30 – 5:20 p.m.	Monday (only)
<input type="checkbox"/>	SOCI 340 Human Sexuality	3	11:00 a.m. – 12:50 p.m.	Tuesday/Thursday
<input type="checkbox"/>	SOSC 382 British Life & Culture	3	1:30 – 5:20 p.m.	Wednesday (only)

ENROLLMENT FEE _____ units @ \$20 per unit	\$
NON-CALIFORNIA RESIDENT TUITION _____ units @ \$191 per unit	\$
NON-U.S. RESIDENT TUITION _____ units @ \$200 per unit	\$
STUDENT REPRESENTATION FEE	\$ 1.00
<b>TOTAL FEES</b>	<b>\$</b>

I refuse to pay the \$1 Student Representation Fee for religious, political, moral or financial reasons.

Make check payable to **CSM** or

Charge to credit card: VISA / DISCOVER / MASTERCARD / AMERICAN EXPRESS (please circle appropriate one)

Cardholder's

Name: \_\_\_\_\_ Card #: \_\_\_\_\_ 3-Digit Code: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Expiration Date: \_\_\_\_\_