



STUDY ABROAD ~ LONDON FALL 2009

Course Registration Form

Name* _____
Last First Initial

Address* _____ City _____ State _____ Zip _____

Student ID Number _____ Last 4 Digits SSN _____ Birthdate* ____/____/____

Phone 1*:(____) _____ Phone 2:(____) _____ email: _____

**If any student data needs to be changed, please file an official "Student Data Form" available in the Admissions & Records Office*

I DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS AND INFORMATION SUBMITTED ON THIS FORM ARE TRUE AND CORRECT. I understand that all materials and information submitted by me for purposes of admission become the property of Santa Rosa Junior College and are subject to audit. I also understand that falsification, withholding pertinent data or failure to report changes in residency may result in District action.

Student Signature: _____ Date: _____

Please check the left column for the classes for which you are registering:

Section #	Course Title & Number	Days & Hours	Instructor	Units
1062	ENGL 1A~ Reading and Composition	M/W 11:00am – 12:50pm	Douglas Fisher	4
1063	ENGL 2~ Introduction to the Novel	T/TH 9:00am – 10:50am	Douglas Fisher	3
3224	ENGL 27~ Introduction to Shakespeare	Mon (only) 1:30pm – 5:20pm	Douglas Fisher	3
1064	SOCS 48.11* British Life and Culture	Wed (only) 1:30pm – 5:20pm	Douglas Fisher	3

*Students must enroll in the British Life and Culture course offered by the campus/consortium that processes their AIFS application.

ENROLLMENT FEE <i>(students who meet the California Residency Requirement)</i>	# Units _____ x \$20.ea =	\$
OUT-OF-STATE TUITION <i>(students who have not met the California Residency Requirements)</i>	# Units _____ x \$193.ea =	\$
NON-RESIDENT TUITION <i>(students who are both a resident and a citizen of a foreign country)</i>	# Units _____ x \$222.ea =	\$
STUDENT REPRESENTATION FEE <i>(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 refuse to pay the Student Representation Fee. If you refuse to pay this fee, please indicate your reason(s) for refusing payment and sign below:</i>		\$ 1.00
Reason(s) _____	Signature _____	
HEALTH SERVICES		Fee Waived
BOARD OF GOVERNOR'S FEE WAIVER <i>(Financial Aid Students who qualify for Waiver enclose copy of Student Aid Report with valid EFC number)</i>		Fee Waived
Total Due		\$

I WILL PAY BY: _____ CHECK (Make checks payable to **Santa Rosa Junior College**)

CREDIT CARD (Please check one) Visa Mastercard Card#: _____

Cardholder's Name: _____ Exp Date _____ / _____ V Code _____
(Last 3 numbers on back of card)

Authorized Signature: _____