

COSUMNES RIVER COLLEGE
STUDY ABROAD
Paris, Fall 09
Course Registration Form

Name: _____ Soc Sec #: _____

Home Phone: _____ Cell Phone: _____

Home Campus: _____ Email _____

Student Signature

↓ Please put a check mark in the left column for the classes for which you are registering:

	Class Name	Class Number	Units	Time	Days
	POLS 301 Intro to Government: U.S.		3	11:00 AM – 12:50 PM	Mon/Wed
	POLS 310 Intro to International Relations		3	5:40 – 4:30 PM	Tues/Thurs
	POLS 314 Modern Europe & the Unification Process		3	11:00 AM - 12:50 PM	Tues/Thurs

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 \$201 ea =	\$
NON-RESIDENT TUITION <i>(Students who are both a resident and a citizen of a foreign country)</i>	# Units _____ X \$219 ea =	\$
STUDENT REPRESENTATION FEE <i>(Required of All Students, including Financial Aid Students)</i> Right to Refuse to Pay: This fee mandatory; however, a student has the right to refuse to pay for the following reasons: religious, political, moral and financial. If you refuse to pay this fee, please indicate your reason(s) for refusing payment and sign below: <div style="display: flex; justify-content: space-between;"> _____ Reason(s) _____ Signature </div>		\$ 1.00
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>		<i>Fees Waived</i>
Total Due		\$

Make Checks Payable To **Cosumnes River College** or Charge to Credit Card:

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

V-Code from back of card (last 3 numbers) _____

Cardholder's Name: _____ Expiration Date: _____

Authorized Signature: _____