



## STUDY ABROAD ~ PARIS 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 INFORMATIONS 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
1823	ART 2.1 Ancient to Renaissance Art History & Appreciation	T/TH 9:00 - 10:50am	Amy Dierkes	3
1824	ART 2.2 Renaissance to Modern Art History & Appreciation	Wed (only) 2:40 - 6:30pm	Amy Dierkes	3
1825	ART 2.3 Modern Art History & Appreciation	M/W 11:00am -12:50pm	Amy Dierkes	3
1826	SOCS 48.14* French Life and Culture	T/TH 4:40pm-6:30pm	Amy Dierkes	3

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

ENROLLMENT FEE <small>(students who meet the California Residency Requirement)</small>	# Units _____ x \$20. ea =	\$
OUT-OF-STATE TUITION <small>(students who have not met the California Residency Requirements)</small>	# Units _____ x \$193. ea =	\$
NON-RESIDENT TUITION <small>(students who are both a resident and a citizen of a foreign country)</small>	# Units _____ x \$222. ea =	\$
STUDENT REPRESENTATION FEE <small>(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:</small>		\$ 1.00
Reason(s) _____	Signature _____	
HEALTH SERVICES		Fee Waived
BOARD OF GOVERNOR'S FEE WAIVER <small>(Financial Aid Students who qualify for Waiver enclose copy of Student Aid Report with valid EFC number)</small>		Fee Waived
<b>Total Due</b>		<b>\$</b>

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: \_\_\_\_\_