Student ID # ______ Last Name: _____ First Name:

Term: 20

CALIFORNIA PREPARATORY COLLEGE

Date of Submisison: ____ / /20

Part I. Student and LC

REGISTRATION FORM

			1		i	1			
Prefix	CRN	Course Title	Section	Units	Room	Days	Start Time	End Time	Instructor
L		TOTAL Attem	 pted Units _						
Life Counselor confirms that the above student has chosen courses that apply toward their program for the listed Semester and School Year.						Financial Aid Office Use			
Life Counselor: Date: Student Initials:						FAFSA Completed: Yes / No EFC #			
Part II. Student and Student Accounts I certify that satisfactory tuition payment arrangements have been made for the listed Semester and School Year above.						SAR Submitted: Yes / No Loans Accepted: Yes / No			

Student Accounts:

Date:

By signing below, I understand that I am committing to fulfill my financial obligation to California Preparatory College. I will be responsible for any and all fees that may accrue onto my account. Failture to pay the scheduled dates will forfeit any or all of my discount.*

Student Signature:_____ Date:_____

INTERNATIONAL STUDENT - Submit form to I-20 Processing Office for SEVIS Registration. **Rev. 10/18** *For information on withdrawing from classes or the refund schedule, please refer to your student handbook.

INTERNATIONAL STUDENT SEVIS REGISTRATION								
Registered for 12 units	Yes / No							
SEVIS Registration								
Date:	Initals:							
AFTER SEVIS registration is complete submit								

AFTER SEVIS registration is complete, submit form to Student Financial Aid Department.