



CALIFORNIA PREPARATORY COLLEGE

Registration Form

Date of Submission: ____/____/20__

Student ID # _____ Last Name: _____ First Name: _____ Term _____ 20__

Please fill form with your Counselor

Make sure the classes you pick don't overlap.

Prefix	CRN	Course title	Section	Units	Room	Days	Start time	End time	Instructor

TOTAL Attempted Units _____

Life Counselor confirms that the above student has chosen courses that apply toward their degree program for the listed Semester and School Year. Check here if NON-Degree

Life Counselor: _____ Date: _____ Student Initials: _____

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. Failure 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.

*For information on withdrawing from classes or the refund schedule, please refer to your student handbook.

Copies will be submitted by the following departments:

- Student Life
- Student Accounts
- Student International Processing Office
- (if student is international)
- Original to the Records Office

International Student SEVIC Registration

Registered for 12 units Yes / No
SEVIS Registration

Date: _____ Initials: _____

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