



# SHASTA COLLEGE REGISTRATION FORM

SEMESTER: FALL  SPRING  SUMMER STUDENT NAME: \_\_\_\_\_ SOC. SEC. OR ID#: \_\_\_\_\_  
Last First MI / /ADDRESS: \_\_\_\_\_  
Street City State Zip Code

How long have you lived at this address? \_\_\_\_\_

Are you attending for personal interest only? \_\_\_\_\_

TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

CHECK CURRENT SCHEDULE OF CLASSES FOR INFORMATION TO COMPLETE THIS SECTION

Instructor's Signature Required for registration in closed or late Reg.

R=Reg A=Add D=Drop	SECTION NUMBER					COURSE TITLE/ CATALOG NUMBER	INSTRUCTORS NAME	HOURS	DAYS OF THE WEEK	UNITS	Instructor's Approval Signature	Date Approved	Date of First Attendance <b>REQUIRED</b>
	F	S	(5-DIGIT)	U									

TOTAL UNITS

- Once registration has been processed you must pay either at the Admissions & Records Office, Business Office, or On-Line.
- Adhering to all ADD/Drop Deadlines of courses is the STUDENT'S RESPONSIBILITY.

Counselor Signature required if over 18 Units: \_\_\_\_\_

For Registration Use only  
Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

This form will be retained by Admissions Office after processing

STUDENT SIGNATURE \_\_\_\_\_