



# SHASTA COLLEGE REGISTRATION FORM

SEMESTER: FALL  SPRING  SUMMER

STUDENT NAME: \_\_\_\_\_  
Last First MI

ID#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State Zip Code

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

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

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

### 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 F NUMBER S (5-DIGIT) U	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>

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: \_\_\_\_\_

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

For registration use only  
 Processed by: \_\_\_\_\_ Date: \_\_\_\_\_  
 This form will be retained by Admissions Office after processing