



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 REQUIRED

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