



California University SILICON VALLEY

441 De Guigne Dr, Sunnyvale, CA 94085 | 408.532.5667 | www.cusv.us

Course Registration Form Fall 2021

Sep 7, 2021(TUE) - Dec 20, 2021(MON)

Date: _____

STUDENT NAME: _____
(Last) (First) (MI)

STUDENT ID#: _____

E-mail: _____

Cell: (____) _____ - _____

Academic Courses:

Course #	Course Name	Units	Day	Time

Total: _____

Audited Academic Courses:

Course #	Course Name	Units	Day/Time	Office Approval



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Description	Units	Amount
Academic Courses (\$220 per unit)		\$
Clinic Courses (\$15/hr)		\$
Tuition Subtotal		\$
Malpractice Insurance (per semester, when into clinic)		\$
Application Fee (one time non-refundable)		\$
Registration Fee (\$45)		\$
Late registration Fee (1-15 days: \$25; 16-30 days: \$50)		\$
Late Tuition Fee		\$
STRF (\$0.5 fee for every \$1,000 tuition paid)		\$
Fees Subtotal		\$
Total Registration Due		\$

You are responsible for this amount. If you receive a student loan, you are responsible for repaying the loan amount plus any interest. Please initial the following items to acknowledge the statements:

_____ I agree to pay the Total Registration Due IN FULL by, 9/13/2021.

_____ I agree to pay the Total Registration Due IN TWO PAYMENTS on the following schedule:

- One-half of total due by 9/13/2021 (\$10 fee).
- Balance of total due in full by 10/13/2021.

_____ There will be a \$10 late payment fee for every week that tuition payments are overdue.

My signature below certifies that I have read, understood, and agreed to my rights and responsibilities, and that the institution's cancellation and refund policies have been clearly explained to me.

Student Signature

Date

Registrar Signature

Date

NOTICE

ANY HOLDER OF THIS CONSUMER CREDIT CONTRACT IS SUBJECT TO ALL CLAIMS AND DEFENSES WHICH THE DEBTOR COULD ASSERT AGAINST THE SELLER OF GOODS OR SERVICES OBTAINED PURSUANT HERETO OR WITH THE PROCEEDS HEREOF. RECOVERY HEREUNDER BY THE DEBTOR SHALL NOT EXCEED AMOUNTS PAID BY THE DEBTOR HEREUNDER.