

## **Course Registration Form Spring 2023**

January 2, 2023(MON) - April 16, 2023(SUN)

				Date: _	
STUDENT NAME:				STUDENT ID#:	
	(Last)	(First)	(MI)		
E-mail:				Cell: ()	
Academic Co	urses:				
Course #	Course Name		Units	Day	Time
	-				
Total:					
Audited Acad	lemic Courses:				
Course #	Course	e Name	Units	Day/Time	Office Approval

Description	Units	Amount
Academic Courses (\$245 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: \$50; 16-30 days: \$100)		\$
Late Tuition Fee		\$
STRF (\$2.5 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 <u>IN FULL</u> by  I agree to pay the Total Registration Due <u>IN TWO PA</u> One-half of total due by 1/9/2023 (\$10 fee).					
<ul> <li>Balance of total due in full by 2/9/2023.</li> <li>There will be a \$60 late payment fee for every week that tuition payments are overdue.</li> </ul>					
My signature below certifies that I have read, understood, a institution's cancellation and refund policies have been clear					
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 HEREUNER BY THE DEBTOR SHALL NOT EXCEED AMOUNTS PAID BY THE DEBTOR HEREUNDER.