

REGISTRATION FORM

Last Name		First Name		Middle Name		·	
	must include SS# and E ave access to your CWII		f Date of I	Birth (Optional)	_		s
treet Addr	ress				Mobile Phone		Н
ity		State	Zip		Home Phone		If
mail					Business Phone	Ext	w
Cla	ass Number	CEUs	Grade Option*	Subject Are	a Class Nam	ne Print II	nstruct t Nam
E- 222	12345	1.5	CR/NC	SBAE 4704	Standards and P	ractices (EX	AMPLE
	For non-credit classes: enter				dit/non-credit: enter "CR/NC". For	audited classes: enter"AU".	
Photo identification required for payme Wisa MasterCard				*Please provi	de complete card ne of registration.		
Last 4 digits of Card Only Expiration Date				Billing Zip	Billing Zip Code		
Last 4 c	Signature (Authorization to Charge)				Name as it appears on card		
	ure (Authorization to C	narge)		Name as it			

Смѕ	For Office use only CMS CASHNET Bio Updated PIN					
Male Semester Winte	(Check one)					
-	ever attended Yes	No				
If "Yes," when? _	Degree	Extended Education				
tructor's Name	Instructor's Signature**	Fee				
MPLE)	(EXAMPLE)	(EXAMPLE)				

Late Fees	
Total Fees	

Parking Permits

Please visit <u>www.parking.fullerton.edu</u> for parking fees and information. Semester parking permits are available for purchase online or at the Parking and Transportation office (in T-1400 only).

Disability Support Services

If you are a permanently disabled person or have a temporary disability and requires assistance from the university (including parking arrangements), please contact Disabled Student Services. They are located at Gordon Hall, room 101, or call (657) 278-3112.

