

Mt. San Jacinto College
Continuing Education
Fee-Based Registration Form
(One Registration Per Person)
PLEASE PRINT IN INK

Today's Date: _____ Semester: _____

Soc. Sec. # / Student I.D. # _____ Phone: (H / C) _____

Name: _____

Address: _____

 (City) (State) (Zip)

DOB: _____ E-mail: _____ Gender: F / M

Section:	Class Title:	Fee:
9		
9		
9		
9		

Enclosed Check # _____ (Please make your check payable to **MSJC**) Cash \$ _____

Charge my credit card: VISA _____ MasterCard _____ Discover _____

Card Number: _____ / _____ / _____

Authorization # _____

Expiration Date: _____ Signature: _____

(OFFICE USE ONLY)

CONTINUING EDUCATION

Registration Fee: \$ _____ CE Initials: _____ Date Registered: _____

BUSINESS OFFICE

Date: _____ Business Office Initials: _____ Total: \$ _____