

**FEE CARD**

**THIS FORM MUST BE RETURNED WITH CHECK PAYABLE TO: COLLEGE OF THE CANYONS**

NAME: Last \_\_\_\_\_ First \_\_\_\_\_

ID #: \_\_\_\_\_

Credit by Examination FEE – \$35.00 per unit	
Enrollment FEE – \$26.00 per unit	
HEALTH FEE (MANDATORY) Fall/Spring – \$17.00      Winter/Summer \$14.00	
PARKING PERMIT FEE Fall/Spring – \$40.00      Winter/Summer \$20.00	
STUDENT REPRESENTATION FEE – \$1.00	
STUDENT SUPPORT FEE (Optional) Fall/Spring – \$15.00      Summer/Winter \$10.00	
INTERNATIONAL & NON-RESIDENT TUITION (If Applicable) \$154.00 + \$26.00 per unit	
STUDENT CENTER FEE \$1.00 per unit/\$10 max. per academic year	

**OFFICE USE ONLY:**

CATALOG/paper	\$3.00
CATALOG/CD	\$3.00
REG FEES	\$ _____
	\$ _____

Circle one  
Sp Su Fa WI      Date: \_\_\_\_\_

Student ID # \_\_\_\_\_

CASH  
CHECK

RECEIPT # \_\_\_\_\_

CASHIER INITIALS: \_\_\_\_\_

**Bursar** **TOTAL**  
**Rev. 4/08**

**COC WILL NOT ACCEPT RESPONSIBILITY FOR LOST OR MISDIRECTED MAIL.**

Date Registered: \_\_\_\_\_  
Month/Day/Year

Telephone Number: \_\_\_\_\_

Method of Payment: (Check one):      Check      Money Order

Do you have a Financial Aid Award?      Yes      No (If yes, indicate type:)  
BOGW      Pell Grant      Loan      Other      Don't Know

*Do not send cash – Please return payment coupon with payment.  
A print-out of your classes and a parking decal (if purchased) will be mailed to you.*

**CHANGE OF NAME/ADDRESS/PHONE NUMBER FORM**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

SSN/ID #: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**CHANGE OF NAME**

**CHANGE NAME FROM:**

**CHANGE NAME TO:**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Middle Name

**CHANGE OF PHONE NUMBER**

**CHANGE PHONE NUMBER FROM:**

**CHANGE PHONE NUMBER TO:**

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

**CHANGE OF ADDRESS**

**Legal Address (Can't be a P.O. Box):**

**Mailing Address (If different than Legal, P.O. Box Okay):**

\_\_\_\_\_  
Number and Street Name      Apt. #

\_\_\_\_\_  
Number and Street Name      Apt. #

\_\_\_\_\_  
City      State      Zip

\_\_\_\_\_  
City      State      Zip

Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_