

**FEE CARD**

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

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

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

Credit by Examination FEE – \$29.00 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 Fall/Spring – \$15.00      Summer/Winter \$10.00	
INTERNATIONAL & NON-RESIDENT TUITION (If Applicable) \$166.00 + \$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**  
Rev. 4/08

**TOTAL**

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**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.

**STAR 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: \_\_\_\_\_

**FEES & CHANGE OF NAME / PHONE / ADDRESS**