

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

NAME: _____ <small style="display: block; text-align: center;">Last First</small>	ID #: _____
Credit by Examination FEE – \$45.00 per unit	<p align="center">OFFICE USE ONLY:</p> <p>Catalog/paper \$3.00 Schedule of Classes/paper \$1.00 Reg Fees \$ _____ \$ _____</p> <p align="center">Circle one Sp Su Fa WI Date: _____</p> <p>Student ID # _____</p> <p>RECEIPT # _____</p> <p>CASHIER INITIALS: _____</p> <div style="border: 1px dashed black; padding: 5px; width: fit-content; margin: 5px auto;"> CASH CHECK </div>
Enrollment FEE – \$36.00 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) \$155.00 + \$36.00 Enrollment/unit + \$10/unit Capital Outlay fee	
STUDENT CENTER FEE \$1.00 per unit/\$10 max. per academic year	

Bursar Rev. 5/11	TOTAL		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: _____
<input type="checkbox"/> CHANGE OF NAME	
CHANGE NAME FROM:	CHANGE NAME TO:
_____ <small>Last Name</small>	_____ <small>Last Name</small>
_____ <small>First Name</small>	_____ <small>First Name</small>
_____ <small>Middle Name</small>	_____ <small>Middle Name</small>
<input type="checkbox"/> CHANGE OF PHONE NUMBER	
CHANGE PHONE NUMBER FROM:	CHANGE PHONE NUMBER TO:
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Business Phone: _____	Business Phone: _____
<input type="checkbox"/> CHANGE OF ADDRESS	
Legal Address (Can't be a P.O. Box):	Mailing Address (If different than Legal, P.O. Box Okay):
_____ <small>Number and Street Name</small> Apt. # _____	_____ <small>Number and Street Name</small> Apt. # _____
_____ <small>City</small> State Zip _____	_____ <small>City</small> State Zip _____
Signature: _____	Today's Date: _____