

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
 Schedule of Classes/paper \$1.00
 Reg Fees \$ _____
 \$ _____

Circle one
 Sp Su Fa WI Date: _____

Student ID # _____

RECEIPT # _____

CASHIER INITIALS: _____

CASH
CHECK

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: _____

FEES & CHANGE OF NAME/PHONE/ADDRESS