



REGISTRATION FORM

(Please fill out one per student)
 For registration information, including pay by phone, fax, or mail, please call 510.594.3710, fax 510.594.3771 or visit: www.cca.edu/aie

Last name _____ First _____ Mi _____

Address _____ City _____ State _____ Zip _____

Home phone (____) _____ Work phone (____) _____

Cell phone (____) _____

Email _____ Birth date ____/____/____ Gender _____

Administrative use only.

Year: _____ Fall _____ Spring _____ Summer _____

Call # _____	Course title _____	Tuition: \$ _____
		Lab fee (if applicable): \$ _____
Call # _____	Course title _____	Tuition: \$ _____
		Lab fee (if applicable): \$ _____
Call # _____	Course title _____	Tuition: \$ _____
		Lab fee (if applicable): \$ _____
		SUBTOTAL \$ _____
		NONREFUNDABLE \$20 FEE (paid once per term) \$ _____
		TOTAL \$ _____

PAYMENT INFORMATION: Make payment in full to California College of the Arts

Check/Money Order # _____ \$ _____

Circle one: MasterCard/VISA Exp. Date: MM/YY ____/____

Credit Card # _____ \$ _____

Name as it appears on card _____

Authorization signature _____

* Purchase Order # _____ \$ _____

*Payment due within 30 days of invoice

STUDENT AGREEMENT (signature required):
 Student is responsible for payment in the event a third-party payment is not received. By signing, student accepts this agreement.
 I understand and agree to these terms _____
Student signature

Office use only:

Date received _____ Date processed _____ Student ID# _____ Initials _____

California College of the Arts
 Office of Special Programs
 5212 Broadway
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TEACHING INSTITUTE

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