

All information must be completed in order to process registration.  
unless otherwise indicated.

Year \_\_\_\_\_  
 Winter  Spring  
 Summer  Fall

New Student  
 Continuing  
 New Address

Financial Aid  
 Foreign Student

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_

Please print e-mail address clearly:

Course Number	Course Title	QTR Units	Tuition \$	Day & Time	Instructor

Agreement is made this date between the above named student and Samra University. Under this agreement, the student engages in the University to provide educational services under the terms and conditions as published in the University's printed materials, describing course offerings, regulations, tuitions and fees.

I understand this agreement is not operative until I attend the first class or session of instruction. I further understand that the catalog and its contents are a part of this enrollment agreement and that the information presented therein is binding on the school and me.

Total Tuition		\$
Herb Sample Fee		\$
Parking		\$
Clinic Insurance Fee (non-reimbursable)		\$
Late Fee (non-reimbursable)		\$
Other		\$
Total Due (attach Promissory note for Payment Plan)		\$

**My signature below certifies that I have read, understood, and agreed to my rights and responsibilities, and that the institution's cancellation and refund policies printed on the reverse side have been clearly explained to me.**

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_ Academic Counselor \_\_\_\_\_ Date \_\_\_\_\_

Registrar \_\_\_\_\_ Date \_\_\_\_\_ Financial Aid (if necessary) \_\_\_\_\_ Date \_\_\_\_\_

Business Office \_\_\_\_\_ Date \_\_\_\_\_