1. **Home Address Information**

   - **Last Name**: ____________________________________
   - **First Name**: ____________________________________
   - **MI**: ______
   - **Street Address**: ____________________________________
   - **City**: _______________  ____________  ST _____  Zip ______
   - **Telephone**: ______ - ______ - __________
   - **2nd Telephone/Cell**: ______ - ______ - __________
   - **Email**: ____________________ @ ____________________

**PROGRAM**: __________________    **CAMPUS**: ____________________    **YEAR/TERM**: _______________

2. **STUDENTS WITH A HOLD ON THEIR ACCOUNT WILL NOT BE REGISTERED AND ARE NOT PERMITTED TO ATTEND CLASSES**

<table>
<thead>
<tr>
<th>Dept &amp; Course #</th>
<th>Section #</th>
<th>1st Choice</th>
<th>2nd Choice</th>
<th>3rd Choice</th>
<th>Course Title</th>
<th>Units</th>
<th>Day(s)</th>
<th>Time(s)</th>
<th>Bldg</th>
<th>Room</th>
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**Total Units:**

By your signature below, you attest to the fact that you are responsible for the accuracy of the information on your registration form and all charges incurred with the above registration for said courses.

3. **Student Signature** ____________________________    **Advisor Signature** ____________________________

Registration form: This form is provided for you to create your course schedule. This form constitutes instructions to the Registrar’s Office to enroll you in courses, provided there is available space, and you do not have any unmet obligations to the University. Upon completing the registration form, deliver, mail, or fax the first page to the Campus Service Center, 3100 Telegraph Ave., Suite 110, Oakland, CA 94609; fax 510-869-1551.

3/4/2014
Instructions for completing the registration form:

1. Update all or some of your Home Address information; this will ensure that your grades, tuition bills, financial aid, etc., are mailed to the correct address without delay.

2. Write the name of the program and year/term, for example:
   a. BSN, 02/Fall
   b. ELMNS, 02/Fall

3. Section 2, this is the registration information you provide to the Registrar’s Office:
   a. Write the Department of the course, Course Number, and Section (obtain this information from the schedule of classes),
   b. For Nursing only, check if this course is your first, second or third choice,
   c. Write the course title,
   d. Write the number of units (some courses are variable unit courses – therefore we ask that you be specific as to the number of units you want to enroll in),
   e. Write the meeting days, times, bldg, and room.

4. Sign your name.

Trial Schedule

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Campus Service Center
3100 Telegraph Ave., Suite 110
Oakland, California 94609
Telephone: 510.869.1550
Fax: 510.869.1551