

Last Name	First Name	MI	LSU ID#	Social Security# (US residents only) REQUIREMENT
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Records Office
Unspecified Student Registration Form

Term (Please check one): ☐ Summer ☐ Fall ☐ Winter ☐ Spring YEAR: _____

Course Information

(PLEASE PRINT CLEARLY)

Prefix	Course #	Section #	Course Title	Units	Audit?	Instructor Signature *if class is full
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	

Demographic Information

PERSONAL INFORMATION

Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Ethnicity	State/Country of Birth	Citizenship <input type="checkbox"/> US <input type="checkbox"/> Other: Type of Visa _____
Social Security Number	Religious Affiliation	Highest diploma or degree earned: <input type="checkbox"/> High School <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Masters <input type="checkbox"/> Specialist <input type="checkbox"/> Doctorate		

CONTACT INFORMATION

Home Address (Street & Apt. Number)	City	State	ZIP
Telephone	E-mail Address		

➡ **Payment of fees is due at the time of registration; financial aid or financial arrangements are not available.**

For information on tuition fees for Fall, Winter, and Spring, please visit www.lasierra.edu/sfs and click TUITION AND COSTS

For information on tuition fees for Summer, please visit www.lasierra.edu/summer and click TUITION AND FEES

CREDIT CARD INFORMATION

Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express	
Name on Card:	
Credit Card #:	
Expiration Date:	Three Digit Security Code:
By Signing, I authorize La Sierra University to charge the full tuition and fee amount to the card listed on this form. Cardholder's Signature:	

Policies: Please initial each line indicating that you are aware and understand each policy.

1. ____ Financial aid is NOT available to unspecified students.
2. ____ Payment of Tuition and fees is to be paid in FULL at the time of registration to the credit card provided on this form.
3. ____ Return this completed form to the Records Office, in person or via email, fax, or mail in order to complete registration.
4. ____ Unspecified non-degree status is reflected on the student's transcript.

Please select one of the following:

<input type="checkbox"/> I do not release any information to any 3 rd parties.
OR
<input type="checkbox"/> I release information to _____, _____ Last First

I agree to the above and applicable policies and verify that the information provided is correct.

Student Signature

Date