



International Professional School of Bodywork

Submit in person or mail to 9025 Balboa Avenue, Suite 130, San Diego, CA 92123
Or
Submit by fax at (858) 565-4118

Course Registration Form

(to be used for program students only)

Student Name: Date: Quarter/Term:

Address: City, State & Zip:

Best number to reach you: E-mail:

Is this a new address/phone? Yes No What is your current payment method? Financial Aid VA Other _____

NOTE: YOU AGREE WITH THE FOLLOWING: **(1)** That this Registration Form reserves a space in the course(s) in the quarter/term in which I have selected. **(2)** That course registrations are completed on a first-come, first-serve basis and are processed in the order in which they are received. **(3)** That I may be administratively withdrawn from any course if my account is not current, if I fail to attend the first day of class, and/or if I fail to meet any course attendance requirements. **(4)** That I may cancel this course registration within three calendar days and will not be charged a course withdrawal fee. **(5)** That I may thereafter cancel (in writing) my registration in any course and I will be charged a course withdrawal fee of: \$25 if I cancel up to five days before the class start, \$50 if I cancel one to four days before the class start, and \$75 as of the first day of class. **(6)** That I may withdraw from the class up to the first 20% of the class hours, and that if I withdraw after that point my withdrawal will be treated as a class drop, and I will be issued a failing grade. **(7)** That I am responsible for ensuring that I am registering for courses necessary under my academic program, including the need to complete prerequisites and register for co-requisites, and that I should speak to the Academic Advisor if I have any questions, doubts, or concerns about my selection of courses.

Student Signature:

Course #	Grade Scale (Pick One) <small>Letter Pass/Fail Grade</small>	Hours	Units	Class Name	Section <small>(A,B,C, 1, 2, or 3)</small>	Start Date	Tuition	Lab Fee <small>(if applicable)</small>	Total
Totals:									
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Note: Full-Time status requires 12 units; ¾ status requires 9 units; and ½ status requires 6 units per term. </div>							Total:		
							Payments:		
							Total Due:		

----- FOR OFFICE USE ONLY -----

Date Received: _____ Entered into CV Staff Initials: _____