

REGISTRATION INSTRUCTIONS

Please see complete Registration Instructions in the Community Education section of this Schedule of Classes.

On-campus Registration.

Registration begins Monday, December 6, at 8:00 a.m. in Bldg. 4, Room 221-D (Administration Building, Mt. SAC Way entrance, off Temple Avenue). Beginning Tuesday, December 7, the regular registration hours are:

MTWTh	9:00 a.m.—6:00 p.m.
Fridays	9:00 a.m.—4:00 p.m.
1st Saturday of each month	8:00—10:30 am.

Registration is continuous throughout the semester.

Registration by Fax.

- Complete all information on the attached Registration Form.
- Fax your completed form to us at **(909) 468-3937**.
- A confirming "Student Schedule Printout" will be mailed to you after your registration is processed.
- Fax payment must be made by credit card **ONLY**. (A \$3 service charge will be added.)

Registration by Mail.

- Complete all information on the attached Registration Form, including your Social Security Number and birthdate. Be sure to include the Class Title and Reference Number.
- FEE AND MATERIAL FEE CLASSES:** Registration form must include fee and/or material fee payment. Please do not send cash! (When stated in the Schedule, some material fees will be collected by the instructor.) Enclose a separate check/money order for each class. Please write class number on check/money order. **Make check/money order payable to: Mt. San Antonio College.** There will be a \$20 charge for returned checks.
- A confirming "Student Schedule Printout" will be mailed to you after your registration is processed.
- Mail completed form(s) to: **Community and Noncredit Education Division**

**Mt. San Antonio College
P.O. Box 911
Walnut, CA 91788-0911**

All faxed and mail-in registration will be held in the order received and will not be processed until 8:00 a.m. on Monday, December 6, 2004.

Questions? Please call (909) 594-5611, ext. 4220

Registration Form — Mt. SAC Community and Noncredit Education Division																																									
Print Last Name		First		MI		Former/Maiden Name																																			
Street Address			City		Zip	Date of Birth ____ / ____ / ____																																			
Social Security # ____ - ____ - ____		Home Telephone () ()		Work Telephone () ()		CalWORKS Status (California Work and Responsibility Act for Kids) (Formerly GAIN) (Select One and Circle Letter) A not a CalWORKS student B self-initiated participant (S.I.P.) C basic skills contract D post assessment/vocational contract E contract currently undefined If you are a CalWORKS student, give CASE # _____																																			
Student ID #		E-Mail Address																																							
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Citizenship (Select One and Circle Letter)		A U.S. Citizen B Permanent Resident		C Temporary Resident/Amnesty D Refugee/Asylee		E Student Visa F Other Status																																			
Student Primary Language (Select One and Circle Letter)			A English		B Non-English																																				
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Revised 10/08/2004