



Touro University - California

Office of the Registrar

1310 Johnson Lane • Mare Island, Vallejo, CA 94592 • (707) 638-5984 • fax: (707) 638-5267 • email: tucaregistrar@touro.edu

College of Education Registration Form

THE OFFICE OF THE REGISTRAR REQUIRES STUDENTS TO SUBMIT REGISTRATION FORMS WITH AN ORIGINAL SIGNATURE.

You may fax in your registration form to begin the registration process, but the original signed form *MUST* be mailed to the Office of the Registrar. If the original form is not received within 5-7 business days, your registration may not be completed.

Personal Information

Name _____ Class of _____ Student ID # _____
(Required)

Mailing Address _____

City _____ State _____ Zip _____

Phone Number _____ E-Mail _____

SEMESTER (PLEASE SELECT ONE): **SUMMER** **FALL** **SPRING**

FOR THE FALL AND SPRING SEMESTERS, YOU MUST REGISTER FOR BOTH SESSIONS I AND II (if applicable).

<u>COURSE NUMBER</u>	<u>COURSE NAME</u>	<u>UNITS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Units This Semester

I agree to abide by the rules and regulations of Touro University - California, College of Education, and to uphold Touro University standards of social and academic conduct at all times while on campus.

I authorize the Office of the Registrar to update my personal information to match the information provided above and I agree to notify the Office of the Registrar regarding future changes to my personal information (i.e. address) within 5 business days.

Student Signature _____ Date _____

For Office Use Only:

Date Received by Registrar _____ Bursar Approval _____

Credential Analyst Approval _____ Date Registration Completed _____ Processed By _____