

First Name: _____ **Last Name/Surname:** _____

Check the appropriate box : Returning Student or First Semester/New Student

Returning students please provide your CGU Student ID # (found on your ID card)*: 254 - _____

* New students will receive an ID card (with the ID #) after registering for their first semester.

Academic Department: _____

Degree Program: _____

Academic Advisor is: _____

Please provide the **address where you receive mail:**

Please provide a phone number where we can reach you:

(_____) - _____ - _____

Phone # is: Permanent Local Work Cell Other

Student Portal : Check the CGU student portal on a regular basis to monitor Student Messaging & Student Holds. **Some holds affect registration.**
Email: Please note that all official CGU communication is sent to your CGU email address. Go to www.cgu.edu/helpdesk for assistance.

Summer 2009 registration is April 20—May 18

Please refer to the student calendar at www.cgu.edu/calendar for additional dates & information.

| List the courses below that you are requesting to take in the Summer 2009 semester. | | | | | | | | | | | Office use only: |
|---|---------|---------------------|---------|--------|-------------------|--------------|------------|-----------------|-----------------|---------------------|------------------|
| Campus (ex: CGU) | Subject | Catalog # (3-Digit) | Section | Module | Class # (4-Digit) | Course Title | # of units | ✓ here if audit | Instructor Name | Instructor Approval | Not avail. |
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| Alternate courses for students in the MBA, HUMANITIES and TEACHER EDUCATION only: | | | | | | List your choice of alternate courses below in the event that your first choice courses (listed above) are not available. | | | | | Office use only: |
|---|---------|---------------------|---------|--------|-------------------|---|------------|-----------------|-----------------|---------------------|------------------|
| Campus (ex: CGU) | Subject | Catalog # (3-Digit) | Section | Module | Class # (4-Digit) | Course Title | # of units | ✓ here if audit | Instructor Name | Instructor Approval | Avail. |
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In accordance with the terms specified in the CGU Academic Catalog, I will pay my tuition and fees for this semester. See <https://www.e-fao.com/cgu/business> for payment information. If you will receive **third-party sponsorship** for this semester, please review details at www.cgu.edu/payment, click the "Third-party payments" link and follow directions.

Student's Signature: _____ **Date:** _____

Academic Advisor Signature: _____ **Date:** _____

(For CGU Staff)
Entered in PS by: _____
Date: _____