

LIFEUNIVERSITY

555 W. REDONDO BEACH BLVD.
GARDENA, CA 90248
(310) 756-0001
LIFEUNIVERSITYUS.ORG

STUDENT REGISTRATION FORM

Date: _____ Quarter/Year: _____ Student ID: _____

Student Name: _____ Gender: Male Female

Address: _____ City: _____ Zip: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____ Email: _____

School: _____ Degree: _____

On Campus Distance Learning

COURSE CODE	COURSE TITLE	DAY	TIME	UNITS	FEE/UNIT	FEE SUBTOTAL
TOTAL TUITION						
REGISTRATION FEE						
STUDENT TUITION RECOVERY FUND (STRF) FEE						
BOOKS/EQUIPMENT						
OTHER FEES						
TOTAL DUE						
PAYMENT AT TIME OF REGISTRATION						

PAYMENT DATE	RECEIPT #	BALANCE

To be eligible for registration, total tuition for the current quarter must be paid in full by the end of the quarter.

Student Signature: _____

Date: _____

Dean/Registrar Signature: _____

Date: _____

PERCENTAGE OF SCHOLARSHIP APPROVED BY		SCHOLARSHIP AMOUNT	
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