

# Summer Term 2017



Course #/Section	Course Title	Day	Time	Fee
			<b>TOTAL</b>	

Student Name: \_\_\_\_\_ Are you currently attending CSU? \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Has your address changed? \_\_\_\_\_ Previous Address: \_\_\_\_\_

If minor, parent's name: \_\_\_\_\_ Is this your first Options class? \_\_\_\_\_

Day phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_ Email \_\_\_\_\_

If I decide to withdraw from the above class(es), I must notify you before the first class meeting. I understand that I am voluntarily engaging in activities offered under the Options Program and in so doing assume all risk of injury, illness, damage, or loss that may be associated with such activity.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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