**Student Information**

Last Name: __________________________  First Name: __________________________  Preferred First Name: __________________________

Address:

- Street Address
- City  State  Country  Zip/Postal Code

Student Email Address: __________________________________________

Phone Number: __________________________  Include Area and Country Code

Date of Birth: __________________________ (ex: 01/31/1900)  Place of Birth: __________________________________________

- City
- State
- Country

Student Social Security Number (US citizens only): __ __ __ __ __ __ __ __ __ __ __ __ __ __

Gender: __________________________

Ethnicity:  □ Prefer Not to Respond  □ American Native or Alaska Native  □ Asian  □ Black or African American  □ Hispanic or Latino
  □ Native Hawaiian or Other Pacific Islander  □ Caucasian or White

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### COURSES

*All course selections are subject to approval*

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<thead>
<tr>
<th>Session</th>
<th>Department Number</th>
<th>Course Number</th>
<th>Lab (If applicable)</th>
<th>Units</th>
<th>Meeting Days</th>
<th>Meeting Time</th>
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### CLASS TIME

*Check that class meeting times do not overlap*

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Select one of the following **Academic Support Groups** you would like to attend. Be sure that your selection does not conflict with your above courses. Academic Support Groups meet **MWF** for the first three weeks of the session, and by appointment as needed for the remainder of the session.

Please attach a color photo here.

This photo will be used for your student ID.

**Session A or C:**

- □ 4:15-5:00pm
- □ 5:15-6:00pm
- □ 6:15-7:00pm

**Session B:**

- □ 9:00am - 9:45am
- □ 10:00am - 10:45am
- □ 11:00am - 11:45am
- □ 2:00pm - 2:45pm
- □ 3:00pm - 3:45pm
- □ 4:00pm - 4:45pm