



SOUTHERN CALIFORNIA UNIVERSITY

School of Oriental Medicine and Acupuncture

3460 Wilshire Blvd. 5th Fl. Los Angeles, CA 90010 • 213) 413-9500 • fax: 213) 413-5400 • info@scusoma.edu

Name: Last First Middle

Student ID #

Address: Street Apt#

Cell Phone#

City State Zip Code

Email Address: If Changed

Quarter: Winter Spring Summer Fall 20__

REGISTRATION FORM

Table with 5 columns: No., Course No., Course Name, Instructor, Day, Units. Rows 1-10.

FEES

STUDENT ASSOCIATION FEE: \$ 20

HERB SAMPLE FEE: \$

OTHER: \$

MAL PRACTICE INSURANCE FEE: \$

REGISTRATION FEE: \$ 55

TOTAL FEES: \$

TUITION

UNITS: X \$ = \$

HOURS: X \$ = \$ TOTAL TUITION: \$

TOTAL AMOUNT TO PAY \$

PAYMENT: (minimum 1/3 of tuition due at registration)

1st installment: \$

2nd installment: \$

3rd installment: \$

Student's Signature:

Date:

Registrar's Signature:

Date: