

# Alhambra Medical University

Administration Office: 2215 West Mission Rd., Suite 280, Alhambra, CA 91803

Tel: 626-289-7719 Fax: 626-289-8641

No. \_\_\_\_\_

## Registration Form

Please use ink (No pencil)

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
Last(姓)                      First (名)                      Middle

Address: \_\_\_\_\_  
City                      State                      Zip Code

Email: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Registration Quarter: Year: \_\_\_\_\_ Winter Spring Summer Fall

Course No.	Course Title	Units	Day	Track Ch/En	Instructor

**Total Units** \_\_\_\_\_

===== **Clinical Practice** =====

Course No.	Clinic Course Title	Hours	Day	Supervisor's Name

**Total Hours** \_\_\_\_\_

I have checked and confirmed that the above courses registered are correct. I understand that I am responsible for the payment of the tuition and fees for those classes, regardless my attendance. I also understand that the credits will not be granted if I attend any class other than the courses registered above. \_\_\_\_\_ Initial here.

我核對過而且確認上述註冊的課程是正確的。我明白即使我沒去上課，我也必須支付這些課程的學費。我也明白，如果我去上了上述註冊的課程以外的課程，學分將不會被承認。\_\_\_\_\_ Initial here

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Clinic Dean Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**University Registrar Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Office Use Only

**FEES:** Application: \$ \_\_\_\_\_ Deadline Additional: \$ \_\_\_\_\_ I-20 Re-Apply: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

Student ID Card: \$ \_\_\_\_\_ Herbal Box: \$ \_\_\_\_\_ Clinic Intern ID Card: \$ \_\_\_\_\_ Clinic Insurance: \$ \_\_\_\_\_

**TUITION:** Registration: \$ \_\_\_\_\_ X \_\_\_\_\_ Units = \$ \_\_\_\_\_ - Discount: \$ \_\_\_\_\_ for \_\_\_\_\_

Clinic: \$ \_\_\_\_\_ X \_\_\_\_\_ Hours = \$ \_\_\_\_\_ - Credit: \$ \_\_\_\_\_ for \_\_\_\_\_

STRF Eligible                      STRF = \$ \_\_\_\_\_                      Total Fees: \$ \_\_\_\_\_

Third Party Payer: \_\_\_\_\_

Payment received: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Handled by: \_\_\_\_\_

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