



Bethesda University

730 North Euclid Street, Anaheim, California 92801 Tel: (714)683-1212, Fax: (714)683-1205

Class Registration Form

This form must be submitted to Academic Office after get all signature from your major Department.

Student Name: _____ Student ID#: _____

Degree and Major: _____ [] Certificate [] Undergraduate [] Graduate

Semester: _____ 20_____

I wish to register the following class(s) from my schedule.

Class Code	Class Title	Course	Instructor	Units
1.		Online / Campus		
2.		Online / Campus		
3.		Online / Campus		
4.		Online / Campus		
5.		Online / Campus		
6.		Online / Campus		
7.		Online / Campus		
Total units to be added or dropped				

I, _____ understand that the change in my registration is done in accordance to the school's registration policy and I am responsible for any tuition change according to the tuition refund policies of Bethesda University.

Student _____

Date _____

Chair of Department _____

Date _____

Academic Office _____

Date _____

Remarks: _____