



STANTON UNIVERSITY

9618 Garden Grove Blvd., Suite 201, Garden Grove, CA 92844
Tel.714.539.6561 Fax.714.539.6542 su@stantonuniversity.com

COURSE REGISTRATION FORM 수강신청서

1. Personal Information 개인정보:

Student's Name _____ Student's ID No. _____

Address _____

Phone _____ E-mail _____

2. Program of Study 학과:

3. Applying for 신청학기:

4. Course Taking: 과목 선택

Course #	Course Name	Instructor	Units (Hours)	Tuition & Fee	Remark
Total Unit/Hours and Tuition (\$)					
Mal-Practice Insurance (\$) (MSOM only)					
Registration Fee (\$)					
Total Tuition and Fee(\$)					

Student's Signature _____ Date _____

School Dean, Program Director, or DAR's Signature/ _____