Cogswell
Polytechnical College

Registration Form

☐ Fall ☐ Spring ☐ Summer Year ☐☐☐☐

Student ID Number ☐☐☐☐☐☐☐☐☐☐

Date of Birth ☐☐-☐☐-☐☐

Last Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

First Name ☐☐☐☐☐☐☐☐☐☐☐☐ MI ☐

Current Address, Number & Street ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

City ☐☐☐☐☐☐☐☐☐☐☐☐☐ State ☐☐ Zip Code ☐☐☐☐☐☐ ☐☐☐☐

Email Address: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Status

New ☐ Continuing ☐ Returning (After 1 year absence) ☐
(You must reapply; contact DDP Office)

Class Schedule

Dep.	Course #	Sec	Course Title	CR	Instructor	Resident/ Term

_____ _____ _____ _____

Dean (if over 16 units) Date Registrar's Office Date

Payment

Master Card ☐ Visa ☐ **OR** pay by check payable to: Cogswell College

Credit Card # ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Exp. Date ☐☐ / ☐☐

I certify that all the information on this form is true and correct to the best of my knowledge.

_____ _____

Student Signature Date

Send Registration via Mail or FAX

Attn: Registrar's Office
Cogswell College
1175 Bordeaux Drive
Sunnyvale CA 94089

(408) 747-0179 (FAX)
(408) 541-0100