PACIFIC STATES UNIVERSITY

3424 Wilshire Blvd. Suite 1200, Los Angeles, CA 90010
(ALL CLASSES WILL BE HELD AT THE ABOVE LOCATION)
☎ Tel: (323) 731-2383 Fax (323) 731-7276 Toll Free (888) 200-0383
web: www.psuca.edu

QUARTERLY REGISTRATION FORM

Bachelor of Business Administration	**Master of Business Administration**	**Bachelor of Science**	☐ **Accounting Certificate Program**	☐ **Other**:
☐ Accounting	☐ Accounting	☐ Computer Science and Information Systems	☐ **English as a Second Language**	
☐ Computers in Business	☐ Finance		**Doctor of Business Administration**	
☐ Marketing	☐ International Business	**Master of Science**	☐ International Business	
	☐ Management of Information Technology	☐ Computer Science		
	☐ Real Estate Management	☐ Information Systems		
	☐ Beauty Management			

Please indicate Quarter: ☐ Fall ☐ Winter ☐ Spring ☐ Summer **Year:**

☐ Mr. ☐ Ms. Family (Last) Name First Name Middle Name

Local Address: Street City State Zip Code Tel.

Mailing Address (if different): City State Zip Code

Date of Birth: Month Day Year

Email Address: Cell #: ( )

Course No	Course Description	Office Only	Day	Hours	Room	Units	Instructor
	TOTAL						

Graduate this Quarter? ☐ Yes ☐ No

Student's Signature: _____ Date _____

➢ FOR OFFICE USE ONLY ≺

Tuition This Quarter US$ _____
Facility & Equipment Fees _____
Registration Fee (Non-Refundable) _____
STRF (One-time payment -Non-Refundable) _____
Other (specify)_____ _____

TOTAL CHARGES THIS QUARTER _____

Credit/ Balance Past Due _____

➢ FOR OFFICE USE ONLY ≺

TOTAL AMOUNT DUE US$_____
Amount Paid: ☐ Cash ☐ Check/Money Order
☐ Visa/Master Card ☐ Loan
☐ Scholarship US$ _____
Receipt # _____ Date_____

TOTAL BALANCE DUE US$_____
PLEASE NOTE: BALANCE SHOULD BE PAID OFF BY THE END OF THE FIRST MONTH OF THIS QUARTER TO AVOID A FINANCE CHARGE (REFER TO PSU CATALOG FOR DETAILS).
BY DATE:

Registration processed by: (Name and PSU Title)_____ Date _____