



ADMISSIONS/REGISTRATION **Non-Degree Program**

for Previous JST Non-Degree Students

Student's Name: _____

ID Number: _____

Address: _____

Email _____ Primary Phone #: _____

I want to register for the _____ semester of _____ (year).

Course #: _____	Title: _____
Units: _____	Grade Option (check one): <input type="checkbox"/> Letter <input type="checkbox"/> Pass/Fail <input type="checkbox"/> Audit

Course#: _____	Title: _____
Units: _____	Grade Option (check one): <input type="checkbox"/> Letter <input type="checkbox"/> Pass/Fail <input type="checkbox"/> Audit

Student's Signature

Date

Please return this form to the JST Registrar by no later than the end of the Late Registration to avoid a Late Registration Fee. This form will not be accepted after the end of the Add/Drop period.

Approved by Registrar: _____