# REGISTRATION & SERVICE REQUEST FORM

**Fall 2015**

**Name:** __________________________________________

**CSUN Student ID:** □□□□□□□□□□

**Major:** ___________________  **Class Level:** ______

**Date:** _________________________

**Graduation Semester:** ________________

**Disenrollment Protection:** Yes ___ No ___ Maybe ___

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**SERVICE (Choose your preferred service)  I – Interpreter  T—Transcriber  0 – No Service**

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<th>A/D</th>
<th>Class #</th>
<th>Subject</th>
<th>Catalog #</th>
<th>Course Title</th>
<th>Instructor</th>
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**Special Notes**

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- Do not release this information
- Additional comments are on the back

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**TOTAL UNITS**
Use of Email for Official University Communication

POLICY PURPOSE
The purpose of this policy is to establish that campus email is the official method of communication between faculty, staff, and students. It is to ensure that messages from the University directed to faculty, staff, and students are delivered and accessible to the intended recipient.

POLICY STATEMENT
In accordance with the University’s Broadcast Email policy, the University will send email only to campus accounts when determined appropriate to communicate with faculty, staff, and students via email.

Additional Information:

________________________________________________________________________
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Types of Payment:
- DOR
- Other _____________________

CALIFORNIA RESIDENCY STATUS
- Resident
- Non-Resident

For Department of Rehabilitation Clients Only
I give permission for NCOD staff, the Department of Rehabilitation staff and employers to discuss my disability-related needs and educational status. I understand that reports and other written information about me will be kept confidential. I also understand that selected information may be released without my name as data for mandatory governmental reports.

Signature of Student:

__________________________________________

DOR Counselor:

__________________________________________

City ________________________  State_________

I fully understand that it is my responsibility to be in communication with an NCOD Academic Advisor and to report any changes i.e. adding and dropping classes. _________ (Initial). I fully understand the NCOD Student No Show Policy and Procedures. _________ (Initial). I fully understand that I must meet registration and services procedures deadlines. _____________ (Initial).