

SPRING 2010 *Instructions : Initial the courses for which you are registering; sign and date at the bottom.*

STUDENT INITIALS	COURSE NO. & COURSE NAME	CREDIT HOURS	PROFESSOR	DAY	TIME	CAMPUS	YEAR / PRE-RECS
	Hist 105	4.5	Prof. D. Guerra	Mon	6 pm – 10 pm	Ontario	Freshman/Sophomore
	Art 101	4.5	Dr. A. Hebbard	Tue	6 pm – 10 pm	Ontario	Freshman
	Bus 105	4.5	Prof. A. Cothran	Mon	6 pm – 10 pm	Redlands	Freshman/Sophomore
	RelStd 210	4.5	Prof. R. Rodden	Tue	6 pm – 10 pm	Redlands	Sophomore, Pre-Recs: Engl223, Phil 201, RedStd 101 and 105
	Engl 101	4.5	Prof. A. Halpin	Wed	6 pm – 10 pm	Redlands	Freshman
	Psyc 101	4.5	Dr. W. Linn	Thu	6 pm – 10 pm	Redlands	Freshman
	Engl 210	4.5	Dr. A. Hebbard	Mon	6 pm – 10 pm	San Bernardino	Sophomore
	HlthSci 101	3	Prof. D. Perkins	Tue	6 pm – 9 pm	San Bernardino	Freshman
	Mth 093	4.5	Prof. L. Obien	Thu	6 pm – 10 pm	San Bernardino	Freshman
	RelStd 210	4.5	Prof. S. Huizenga	Mon	6 pm – 10 pm	Sun Valley	Sophomore, Pre-Recs: Engl223, Phil 201, RedStd 101 and 105
	Eng 093	4.5	Prof. C. Rotunno	Mon	6 pm – 10 pm	Sun Valley	Freshman
	Mth 093	4.5	Prof. J. Kohut	Tue	6 pm – 10 pm	Sun Valley	Freshman
	Math 101	4.5	Prof. R. Lewis	Tue	6 pm – 10 pm	Sun Valley	Freshman
	Comm 105	4.5	Dr. D. Hodge	Wed	9 am – 1 pm	Sun Valley	Sophomore
	PolSci 205	4.5	Prof. R. Johnson	Wed	6 pm – 10 pm	Sun Valley	Sophomore
	Comm 210	4.5	Prof. L. Wood	Thu	8 am – 12 pm	Sun Valley	Sophomore, Pre: Engl 101
	Hist 210	4.5	Prof. D. Guerra	Thu	6 pm – 10 pm	Sun Valley	Sophomore

CAMPUS: _____ REDLANDS _____ ONTARIO _____ SAN BERNARDINO _____ SUN VALLEY

PRINT NAME: _____ EMAIL ADDRESS: _____

SIGNATURE: _____ DATE: _____ ACADEMIC ADVISOR SIGNATURE: _____

_____ Total # of Credits for Spr. Qtr.

_____ Total # of On-Line Credits

COMMUNITY CHRISTIAN COLLEGE
251 Tennessee St., Redlands, CA 92373
(909) 335-8863 Fax (909) 335-9101

REGISTRATION FORM

Term/Year: SPRING 2010

Student Name _____

Address _____

City _____ **State** _____ **Zip Code** _____

Phone: Home - () _____ **Work - ()** _____

Pager/Cell - () _____ **E-mail Address:** _____

Campus: _____ **Redlands** _____ **Ontario** _____ **San Bernardino** _____ **Sun Valley**

Status: (choose one in each column):

Full-time _____ **(12.0 or more credits)**

Part-time _____

Regular Student _____

High School Student _____

Audit _____

Office Use Only

Student ID # _____

Entered in GP _____

Registrar Approval _____

EM _____

Business Office _____