TODAY'S DATE STUDENT NAME (Last) (First) ADDRESS CITY EMPLOYER	(MI) STA	MALE FEMAI (Maider	LE 	Optional: SOC. SEC.# NEW STUDENT? DATE OF BIRTH COUNTY HOME PHONE		TERM KEY SP SPRING S1 SUMMER I S2 SUMMER 2
STUDENT E-MAIL	TERM	COURSE NO.	SECTION	COUF	RSE NAME	TUITION
. [SU13	N9096	OA (MID) 2013 SMART	SUMMER PRO	G 325.00
RECEIVED: ORANGE COUNTY COMMUNITY COLLEGE	SUB	N 9096	OB (MID) 2013 SMART		6
1 1	5013	N9096	TA (NBG	71	٤ 7	2
TO BUSINESS OFFICE	SU 13	N 9096	TB (NBG	i)	G (,	*
		Gelectone			INSURANCE FEE	2.00
□ CASH		section)			TOTAL	\$ 327.00
☐ CHECK ☐ MASTERCARD ☐ DISCOVER ☐ VISA MAKE CHECKS PAYABLE TO ORANGE COUNTY COMMUNITY COLLEGE						
CREDIT CARD # THREE-DIGIT CARD SECURITY CODE EXP. DATE						
PRINT NAME AND ADDRESS WHICH APPEARS ON CREDIT CARD (IF NOT STUDENT)						
I acknowledge financial responsibility for the selected course(s) if they are not cancelled or if I do not withdraw prior to the start date.						
STUDENT'S SIGNATURE		DATE				