



California Institute of Integral Studies

PRIORITY REGISTRATION FORM

"Priority Registration" is registration that is permitted for certain students before registration opens for all students. The dates that the Registrar's Office accepts *Priority Registration Forms* are found in the current semester's academic calendar online at www.ciis.edu or in the *Class Schedule*.

You will be allowed to use Priority Registration if:

- The course(s) is not an elective; AND
- You are registering for your final semester; OR
- (PSY.D OR MCP STUDENTS ONLY) You need the course(s) in order to register for practicum in the semester immediately following

Approval from your academic advisor is required. Obtain this approval on this form and submit it to:

Registrar's Office, 4th Floor 1453 Mission Street, San Francisco, CA 94103 Or fax it to: 415-575-1267

You -- not your academic advisor -- are responsible for submitting this form to the Registrar's Office.

If you have questions, contact the Registrar's Office at 415-575-6126.

Mr. Ms. _____ CIIS ID Number: _____
(check one) last (family/legal) name first (given name) middle name

E-mail Address: _____ Daytime Phone: _____

Mailing Address: _____
street city state zip

Degree: BA MA PhD PsyD Program: _____ Anticipated Graduation Date: _____

Semester: Fall Spring Summer Year: _____ Academic Advisor: _____

COURSE CODE	SECTION	TITLE	FACULTY	CREDITS	GRADE OPTION	ACADEMIC ADVISOR'S SIGNATURE
					<input type="checkbox"/> Letter Grade <input type="checkbox"/> Pass/No Pass	
					<input type="checkbox"/> Letter Grade <input type="checkbox"/> Pass/No Pass	
					<input type="checkbox"/> Letter Grade <input type="checkbox"/> Pass/No Pass	
					<input type="checkbox"/> Letter Grade <input type="checkbox"/> Pass/No Pass	
					<input type="checkbox"/> Letter Grade <input type="checkbox"/> Pass/No Pass	

I have applied for financial aid this semester; OR

I am using the following payment plan:

- Payment in Full Deferred Payment Plan (additional fee required)

Payment Method:

- Cash Check or Money Order (made out to "CIIS")

Visa MasterCard Card Number: _____ Exp. Date _____

My signature below indicates that I have read and understand the restrictions regarding Priority Registration and I meet these restrictions. It also indicates that I approve the applicable charges to be made to the credit card above (if specified).

Student Signature: _____ Date: _____

CIIS USE ONLY:			
DATE	DATE	DATE	
FORM RECEIVED: _____	REGISTERED: _____	BY _____	PAID: _____