

INTERNATIONAL UNIVERSITY OF THE EAST

OM Meditation Center

3333 Wilshire Blvd., Suite 600, Los Angeles, CA 90010
Phone: 213-947-3611 Fax: 213-947-3549 Email: info@iueast.org

REGISTRATION FORM

STUDENT INFORMATION:

Last Name First Name Middle Date of Birth

Mailing Address Apt#/Suite# City State Zip Code

Phone Number: () _____ Email: _____

PROGRAM INFORMATION:

Program Title: _____ # of Units/Credit Hours: _____

Enrollment Start Date: _____ Enrollment End Date: _____

COURSE REGISTRATION:

SELECTED COURSES:

Course #	Course Title	Units	Days	TIME

“I have discussed with school administrators regarding my academic progress and after considering the advices, I have decided to request the information stated above.”

DATE

SIGNATURE OF STUDENT