

Community College Course Information Form

Please submit this form to your teacher each semester for students registered in any community college course. Teachers, submit to high school coordinator.

Date: _____

Teacher Name: _____

Student Name: _____

Name College: Shasta College ___ ; Other _____

Course Title: (as in catalog) i.e. MUS-25A-Beg Strings) _____

Section Number: (i.e. F303) _____

College Unit Value: (circle) 1 unit 2 units 3 units 4 units 5 units

Online Course? Yes: _____ No: _____

Course Title: _____

Section Number: (i.e. F303) _____

College Unit Value: (circle) 1 unit 2 units 3 units 4 units 5 units

Online Course? Yes: _____ No: _____

Course Title: _____

Section Number: (i.e. F303) _____

College Unit Value: (circle) 1 unit 2 units 3 units 4 units 5 units

Online Course? Yes: _____ No: _____

Curriculum Needed:

The College bookstore will call you when the texts are ready for you to pick up. Please provide a **Contact Phone Number:** _____ **College Student ID #:** _____

***Students should inquire about the availability and prices of the following options of the Textbooks: - Ebook price - Textbook rental price - Used text book price - New text book price

Text Name: _____

ISBN: _____

Lowest Cost: _____ Used _____ Ebook _____ Rental _____ New _____

Text Name: _____

ISBN: _____

Lowest Cost: _____ Used _____ Ebook _____ Rental _____ New _____

Text Name: _____

ISBN: _____

Lowest Cost: _____ Used _____ Ebook _____ Rental _____ New _____

Text Name: _____

ISBN: _____

Lowest Cost: _____ Used _____ Ebook _____ Rental _____ New _____