



## Military Contract Education GEM Program Course Registration Form



1. This form may only be utilized by students participating in the Air Force GEM Program. The following conditions must exist:

I have created a CCAF goal and selected COASTLINE as my GEM institution in the AFVEC portal. I understand that I will be dropped from my classes if I do not submit my Tuition Assistance Authorization by the published deadlines found at <http://military.coastline.edu/files/Military/AcademicCalendar.pdf>.

AND

I am a NEW STUDENT at COASTLINE and have submitted a CCCApply Online Application. My Student ID is \_\_\_\_\_

OR

I am a CONTINUING STUDENT at COASTLINE. My Student ID is \_\_\_\_\_

2. LEGAL NAME \_\_\_\_\_ 3. \_\_\_\_\_  
*Last* *First* *M.I.* *Prior Names Used*

4. BIRTHDATE \_\_\_\_\_ (Month/Day/Year) 5.  MALE  FEMALE

6. EMAIL ADDRESS \_\_\_\_\_

7. PHONE (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
*Area Code* *Day Phone* *Area Code* *Evening Phone*

8. MILITARY STATUS:  Active Duty Air Force  Air Force Reservist

8a. Rank \_\_\_\_\_ (E-6, W-2, O-3, etc.) 8c. Current Military Installation: \_\_\_\_\_

8b. Rate or MOS \_\_\_\_\_ (HM, 6134, 92A, etc.) 8d. Years of Service Completed (not counting breaks in service) \_\_\_\_\_

9. **Course Selection and Determination of Fees. Tuition is \$200 per credit hour.**

9a. SEMESTER FOR WHICH YOU ARE REGISTERING:  Summer  Fall  Spring Month/Year Class Session Begins: \_\_\_\_\_

9b. List the courses. The maximum is 2 classes per session.	Credit Hours
Total Number of Credit Hours	
Total Tuition = Total Credit Hours x \$200.00	

9c. METHOD OF PAYMENT:  Tuition Assistance (*TA Authorization must accompany registration form*)

Credit Card:  VISA  MasterCard  Discover (*If credit card, provide the information below and sign*)

Credit Card No. \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Authorizing Signature \_\_\_\_\_ Date \_\_\_\_\_

10. THIS APPLICATION IS CONSIDERED A LEGAL DOCUMENT AND WILL BECOME A PERMANENT PART OF YOUR RECORD. FALSIFICATION OF THIS DOCUMENT MAY BE CAUSE FOR DISMISSAL AND OTHER LEGAL ACTION AS DEEMED APPROPRIATE. I CERTIFY THAT ALL INFORMATION PROVIDED IS CORRECT AND THAT I AM IN COMPLIANCE.

I HEREBY AUTHORIZE THE RELEASE OF MY EDUCATIONAL RECORDS TO THE UNITED STATES DEPARTMENT OF DEFENSE OR COASTLINE DESIGNEE UNDER THE PROVISIONS OF THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974 FOR THE PERIOD OF TIME WHILE I AM PARTICIPATING IN THE MILITARY EDUCATION PROGRAMS AT COASTLINE COMMUNITY COLLEGE. THOSE ORGANIZATIONS AND AGENCIES TO WHICH YOUR INFORMATION MAY BE GIVEN ARE PROHIBITED BY LAW FROM USING IT FOR ANY UNAUTHORIZED PURPOSE OR FROM SUBSEQUENTLY RELEASING IT TO ANYONE ELSE.

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

Remember to sign this form and FAX **with** tuition assistance authorization or credit card payment to (714) 241-6270  
 - or -  
 Scan and email to [milreg@coastline.edu](mailto:milreg@coastline.edu)