



SUMMER 2023 REGISTRATION FORM

REGISTRATION DEADLINE - Thursday, March 16 at 4:00pm

THIS FORM (SIDE A) REQUIRED EVEN IF REGISTERING ONLINE.

STUDENT NAME: _____ STUDENT ID #: _____

EMAIL ADDRESS: _____ EXPECTED GRADUATION DATE: _____

INSTRUCTIONS: You must complete Side A of this form to enroll for the upcoming Term.

- **CLINIC COURSES (CP 014, 111, 211, 212, 251, 311, 312)** - also complete Side B of this form.
 - For CP 011, 012 & 013, follow didactic course instructions.
- **DIDACTIC COURSES** - Register for didactic classes **Online**, through [The Student Portal](#).
 - Please heed all warnings regarding pre/co-requisites and time conflicts.
- **SIGN THE FORM** and submit it to assocdean@aimc.edu by the deadline.
- **ACADEMIC ADVISING**- If you need assistance with your schedule or online registration, please sign up on the Advising Sign-up Google Sheet.
- **CLINIC SCHEDULING**-If you need assistance with clinic scheduling, please email clinicmanager@aimc.edu.
- **CONFIRM YOUR SCHEDULE**- Log in to your Student Portal to review your schedule. Email assocdean@aimc.edu with questions.
- **TUITION PAYMENT**- Please refer to the Payment Options box below for your payment deadline. Log in to your Student Portal account to view your Account Balance and pay. If you have questions, please contact accounting@aimc.edu.
- **PARTIAL CREDIT COURSES:** [The Student Portal](#) will not allow you to change the value of course units. If enrolling in a different number of units from the course offering, [the Partial Credit Form](#) must be submitted for these requests to be approved. The form can be found at the Registrar Office page under [Frequent Used Form](#). Please submit the completed form to assocdean@aimc.edu.

FEES:	
NON-REFUNDABLE REGISTRATION FEE:	A \$35.00 Registration Fee per trimester will be assessed. Please visit our website for updated tuition and fee information.
LATE REGISTRATION FEE:	In addition to the above Registration Fee, a \$100.00 late fee will be assessed for all forms submitted after the deadline.
TUITION:	To calculate tuition, multiply total units for all courses by the per tuition unit rate- See Enrollment Agreement for your rate. AIMC's per unit tuition does not include clinic fees, lab fees, or supplies.
TUITION LATE FEE:	Tuition and fees are due in full Monday, May 1 at 4:00pm . Tuition received after deadlines will be assessed \$100.00 Tuition Late Fee . If your tuition is not paid in full by Thursday, May 18 at 4:00pm , you will be withdrawn from all courses, including clinic shifts.
PAYMENT OPTIONS—Select from the following:	
<input type="checkbox"/> I RECEIVE FINANCIAL AID AND AGREE THAT ALL TUITION & FEES WILL BE DEDUCTED FROM MY FINANCIAL AID. (Refer to your Student Handbook for a list of fees.)	I DO NOT RECEIVE FINANCIAL AID: <ul style="list-style-type: none"> ○ I WILL MAKE ONE PAYMENT (Monday, May 1, 4:00pm) ○ I WILL MAKE TWO PAYMENTS (\$25 finance fee applies): <ul style="list-style-type: none"> FIRST PAYMENT DUE by Monday, May 1, 4:00pm SECOND PAYMENT DUE by Thursday, June 1, 4:00pm

PLEASE SIGN—your signature is required to process this form:

- By submitting this form, you are officially enrolling in AIMC for the SUMMER 2023 term.
- By submitting this registration, you are agreeing to extend your enrollment agreement for this term.

STUDENT NAME (Please print): _____

Signature _____ Date _____



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SIDE B – CLINIC REGISTRATION

TELEHEALTH MAX HOURS: OBSERVATION- 125 HRS, INTERNSHIP- 590 HRS

PRE-INTERN OBSERVATION SHIFT SELECTION (CP 014)	
<input type="checkbox"/> CP 014—OBSERVATION III: PRE-INTERN I: <i>Students will complete 52 hours of clinic shifts plus two mandatory class meetings. Select one preferred shift and one alternate shift from the clinic schedule.</i> <i>Pre-interns may only follow advanced level (CP 211/CP 311) interns.</i>	
PREFERRED SHIFT:	DAY _____ TIME _____
ALTERNATE SHIFT:	DAY _____ TIME _____

BUSINESS CARDS: Check here if you want personalized business cards for \$50

CLINIC & HERB DISPENSARY SHIFT SELECTIONS (CP 111, 211, 212, 311, 312, 251)						
Total # of Clinic Shifts Requested: Level 1 _____ Level 2 _____ Level 3 _____						
Total # of Herb Dispensary Shifts, CP 251 Requested (Max. 1): _____						
List shifts in order of preference and list one alternate shift for each shift requested. Only 3 clinic shifts can be obtained by submitting this form. A fourth shift may be requested only with the prior approval of the Clinic Director.						
PREFERENCE	COURSE & SECTION # (e.g., CP 111-2)	DAY & TIME	SUPERVISOR	INTERN LEVEL	ADMIN USE ONLY	CLINIC USE ONLY
1					<input type="checkbox"/>	<input type="checkbox"/>
2					<input type="checkbox"/>	<input type="checkbox"/>
3					<input type="checkbox"/>	<input type="checkbox"/>
4					<input type="checkbox"/>	<input type="checkbox"/>
5					<input type="checkbox"/>	<input type="checkbox"/>
6					<input type="checkbox"/>	<input type="checkbox"/>
7					<input type="checkbox"/>	<input type="checkbox"/>
8					<input type="checkbox"/>	<input type="checkbox"/>

Admin Use Only	
Academic Advisor Signature: _____	Date: _____
Notes: _____	
Registrar Signature: _____	Date: _____
Clinic Manager Signature: _____	Date: _____
Bursar Signature: _____	Date: _____