

Parent/Guardian (if student is under 18)

OUT-OF-STATE STUDENT CONTACT RECORD

ims form shan se completed s _j t	an stadent atmetes who	are mom outside the state	or cumorina.
Name of California Community Co	ollege		
Full Legal Name		Phone #	
		City	
State/Country			
High School/College last attended _		State/Country	Sport(s)
Financial Responsibilities/Guid		11	
Out of State student-athlete	es must pay non-resident end by the State Chancellor acy status after one year an	nd a day.	nia residency is established. of admissions and records has the
California Community College	o Doorwiting and Subsi	dization Cuidalinas	
available to all other studerAny commitment by a colle	nts. ege representative to provoe a violation of the 3C2A	ide other financial support r Constitution/Bylaws and if	ects or student-athletes that is not not available to the general a student-athlete accepts this
	General Est	imated Costs	
Out-of-State Cost per Semester		Out-of-State Cost per Quarter	
Tuition		Tuition	
Fees		Fees	
Housing Food	Tuition cost	Housing Food	Tuition cost
Books	based on 12 units @ \$0	Books	based on 12 units @ \$0
Transportation	per unit,	Transportation	per unit,
Parking	per term	Parking	per term
Miscellaneous		Miscellaneous	
Total	_	Total	
As a Prospective Student-Athlete, I and participate in intercollegiate ath I certify that I have read this docum commitment associated with my att	hletics. I understand that shent and fully understand l	signing this form does not oboth the guidelines for recru	_
Student-Athlete			Date

Date