

# San Diego State University

College of Extended Studies

## Transaction Form

Date \_\_\_\_\_

**SDSU RED ID** \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Term:**  
**Spring** \_\_\_\_\_  
**Summer** \_\_\_\_\_  
**Fall** \_\_\_\_\_

Last name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

**Year** \_\_\_\_\_

Address- Number and Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Check here if this is address change

**List the courses you wish to DROP from your program:**

Schedule number	Fees	for credit courses only		Course Title	Course Dates	Instructor Approval
		Units	Dept/Course No			

Reason for the drop: \_\_\_\_\_

**List the courses you wish to ADD to your program:**

Schedule number	Fees	for credit courses only		Course Title	Course Dates	Instructor Approval
		Units	Dept/Course No			

Payment by: Cash    Check    AMEX    VISA    MASTERCARD    DISCOVER    Subsidized by: \_\_\_\_\_

Card number: \_\_\_\_\_ Exp Date \_\_\_\_\_

**For office use only**

**ACCOUNTING OFFICE CERTIFICATION**

TYPE OF FEES	Forfeit	Refund	Account
Instructional fees	\$ _____	_____	_____
Student Activity Fee	_____	_____	_____
Student Union Fee	_____	_____	_____
Extension	_____	_____	_____
Other: _____	_____	_____	_____
Totals:	_____	_____	_____

Payment Code (s): \_\_\_\_\_

Payment Dates (s) \_\_\_\_\_

Fees collected and unearned balance due certified by \_\_\_\_\_

Signature