Registration Form

Not for Open University

SAN DIEGO STATE UNIVERSITY College of Extended Studies

never stop learning℠

(PLEASE PRINT CLEARLY)

SDSU RedID No.

Email Address

Company Name **Title**

Daytime Telephone (include area code)

Last Name **First Name** **M.I.**

Address—Number and Street

City **State** **Zip Code**

Enter here any other name which you have used at SDSU

Date of Birth (month-day-year)

Fax (include area code)

Evening Telephone (include area code)

Date

Are you a current SDSU student?
❑ Yes ❑ No

Term you are registering for:
❑ Spring ❑ Fall
❑ Summer *Year*_____

Are you an international student?
❑ Yes ❑ No

If yes:
TOEFL Score_____
or
TOEIC Score_____

Social Security No.

(Necessary to create SDSU student ID and for tax credit statement)

I am registering for the following courses: (Shaded area for credit courses only.)

Schedule No.	Fees	Units	Dept/Course No.	Course Title	Course Dates	Instructor Signature/ Approval Code *(If required)*

MUST BE COMPLETED **How did you hear about us, check one option only. This section must be completed to process your registration.**

- ❑ Academic Advisor/Counselor
- ❑ Advertisement
- ❑ Blog
- ❑ Brochure/Postcard
- ❑ Company Referral
- ❑ Catalog
- ❑ Email
- ❑ Family/Friend
- ❑ Flyer
- ❑ Instructor
- ❑ Internet Search
- ❑ News Story (Paper/TV/Online)
- ❑ Newsletter
- ❑ Other _____
- ❑ Referred by Other SDSU Department
- ❑ SDSU Student Email
- ❑ Social Media
- ❑ Staff Referral
- ❑ Upfront Digital Magazine
- ❑ Web Video
- ❑ Website

For information concerning special services to accommodate a physical, psychological, or learning disability, please contact the Disabled Student Services office on campus, (619) 594-6473.

I have read the class schedule, I understand and agree to abide by the deadlines and policies governing these courses, and I accept full academic and financial responsibility for each class.

Signature:_____ Date: _____

CASHIER ONLY

_____

_____

_____

Total Fees _____

Make checks payable to SDSU.

Payment by:

❑ Cash ❑ Check or Money Order ❑ MasterCard ❑ Visa ❑ Discover ❑ American Express

❑ *Agency/Company* to be billed (Must attach PO or appropriate documentation)

_____

Card Number _____ Exp. Date _____

Print Cardholder's Name _____ Cardholder's Signature_____

Please staple check here

Mail to: College of Extended Studies Cashier | 5250 Campanile Drive, San Diego State University, San Diego, CA 92182-1919 **| Phone:** (619) 594-5152 **| Fax:** (619) 594-0147