

Registration Form

Not for Open University

SDSU RedID No.

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Email Address

Date of Birth (month-day-year)

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Fax (include area code)

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Evening Telephone (include area code)

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Date

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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.

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

(PLEASE PRINT CLEARLY)

Company Name _____ Title _____

Daytime Telephone (include area code)

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Last Name _____ First Name _____

M.I. _____

Address—Number and Street

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City _____ State _____ Zip Code _____

Enter here any other name which you have used at SDSU

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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 <i>(If required)</i>

MUST BE COMPLETED This section must be completed to process your registration. How you heard about program, check one option only:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Printed Catalog | <input type="checkbox"/> Letter | <input type="checkbox"/> Recruited by Instructor | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Digital Catalog | <input type="checkbox"/> Internet (Website) | <input type="checkbox"/> Company Referral | <input type="checkbox"/> SDSU Student Email |
| <input type="checkbox"/> Brochure | <input type="checkbox"/> Email | <input type="checkbox"/> Postcard | <input type="checkbox"/> Referred by Campus/Other Department of the School |
| <input type="checkbox"/> Search Engine (Google) | <input type="checkbox"/> Friend/Relative | <input type="checkbox"/> Web Video | <input type="checkbox"/> News Story (Newspaper, TV, Online) |
| <input type="checkbox"/> Flyer | <input type="checkbox"/> Other: | <input type="checkbox"/> Priority Code: | <input type="checkbox"/> Recruited by SDSU Global Campus Staff |
| <input type="checkbox"/> Blog (Describe which one): _____ | _____ | _____ | _____ |

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 granted.

Signature: _____ Date: _____

CASHIER ONLY

Total Fees _____

Make checks payable to SDSU. Agency/Company to be billed (Must attach PO or appropriate documentation)

Payment by: Cash Check or Money Order Master Card Visa Discover American Express

Card Number _____ Exp. Date _____ CVV _____

Print Cardholder's Name _____ Cardholder's Signature _____

Please staple check here