

Calculated by Signature ____

Transaction Form

Date				Signature			
SDSU RedID							
Daytime Phone			ing Phone		Term	Year	
Email Address				irth	Spring	Spring	
Last Name		First l	Name M.I		Summe	r	
Address: Number & Street	et				Fall		
City		State		Zip	Check here i	Check here if this is an address change	
List the courses you wish to DROP from your program:		for credit courses only					
Class No./Schedule N	o Eoos	Units	Dept/Course No	Course Title	Course Dates	Instructor Approval (if required)	
Glass No., seriedale N	0. 1003	Office	NO	Godise Title	Course Dates	(ii required)	
December the due							
Reason for the drop							
List the courses you wish to			or credit courses only				
ADD to your program:		Dept/Course				Instructor Approval	
Class No./Schedule N	o. Fees	Units	No	Course Title	Course Dates	(if required)	
			For Cashi	er's Office Use Only			
	Forfeit		Refund	CRS	Transaction Info		
Admin Fee							
Tuition Fee							
SU Extended Ed Fee							
ST Body Assoc Fee							
IT Services Fee							
Student Affairs & Campus Diversity							