

Registration Form

Not for Open University

SDSU RedID No.

____ | ____ | ____

Email Address

Date of Birth (month-day-year)

____ | ____ | ____

Fax (include area code)

____ | ____ | ____ | ____ | ____ | ____

Evening Telephone (include area code)

____ | ____ | ____ | ____ | ____ | ____

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

____ | ____ | ____

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)

(PLEASE PRINT CLEARLY)

Schedule No./Class No.	Fees	Units	Dept/Course No.	Course Title	Course Dates	Instructor Signature <small>(If required)</small>

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

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

Student Ability Success Center (SASC) is the university office responsible for providing appropriate academic accommodations for students with disabilities. Please contact SASC for information regarding accommodations, 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 _____