COLLEGE OF EXTENDED LEARNING

SAN FRANCISCO STATE UNIVERSITY

www.cel.sfsu.edu

REGISTRATION WORKSHEET/FORM

Use this form
- to register in person
- as a staff-assisted phone registration worksheet

TERM: Winter Spring Summer Fall 20 __ __

Please print clearly in black or blue ink.

SFSU Identification Number

Social Security Number (New Students Only)

Other Name /ID Number Used at SF State

Last Name | First Name | Middle Initial

Address — Number, Street and Apartment if applicable

City | State | Zip Code

Email Address: _____

Phone Numbers:

Day Area Code Number

Evening Area Code Number

Date of Birth: Month Day Year

Gender: ☐ Male ☐ Female

FOR OFFICE USE

Ethnic Code (see code list below)

(Your voluntary response to this question is requested so that we may comply with the Federal Civil Rights Act of 1964 and the California Title IX Education Amendment of 1972.

Ethnic Codes

- **1** American Indian or Alaskan Native
- **2** Black Non-Hispanic
- **3** Mexican-American, Mexican, Chicano
- **A** Central American
- **B** South American
- **4** Other Hispanic
- **C** Chinese
- **J** Japanese
- **K** Korean
- **S** Southeast Asian
- **5** Other Asian
- **6** Pacific Islanders
- **7** White Non-Hispanic
- **F** Filipino
- **8** Other
- **D** Declined to state

Schedule Number	Course Abbreviation & No.	Section	Title	Units	Fee	Instructor's Approval Signature *required after course has begun*
94471	EDUC 660	A01	AP US History	1	$695	
			Total	____	$_____	

Type of Payment

☐ Money Order(s) ☐ Subsidy — see policies section at **www.cel.sfsu.edu**

Employer or Agency _____

☐ Check(s) — must be bank imprinted with account holder's name and address.

Make checks payable to SFSU COLLEGE OF EXTENDED LEARNING or SFSU CEL.

Check #_____ Acct. holder_____

No cash accepted

FOR OFFICE USE

I agree to abide by the academic, payment & refund policies governing these courses as printed in this catalog. If my payment by check or credit card is not paid by the bank, I am still responsible for all course fees. I authorize the College of Extended Learning to change my record, if necessary, to reflect the above information. Refund checks must be requested by calling the College of Extended Learning during office hours before the day the class begins.

Signature **Date**

For information concerning special services to accommodate a physical, perceptual, learning, or other disability, please contact the Disability Programs & Resource Center on the SF State main campus at (415) 338-2472 voice/TTY.

COLLEGE OF EXTENDED LEARNING REGISTRATION, San Francisco State University, 1600 Holloway Avenue, San Francisco, CA 94132-4160