



**SAN FRANCISCO
STATE UNIVERSITY**

COLLEGE OF EXTENDED LEARNING

EXECUTIVE CERTIFICATE IN FINANCIAL PLANNING

Registration Form (Mail or FAX this entire page)

TO REGISTER
Please contact
Greg Gaston
at
(415) 817-4240
or
ggaston@sfsu.edu

SFSU Identification No. (**New students only:** use Social Security No.) Birthdate: (month / day / year) – *Required for record keeping purposes*

Last Name First Name Middle Initial Gender: Female Male

Address – number, street and apartment, if applicable

City State Zip

Day phone with area code Evening phone with area code email address

Schedule No.	Course Abbreviation & No.	Section	Title	Units/CEU	Fee
_ _ _ _ _ _ _	_____	_____	_____	_____	_____
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_ _ _ _ _ _ _	_____	_____	_____	_____	_____

Total Fees Due \$ _____

Type of Payment

- Check - Make check payable to *Kaplan Financial*
Check# _____ Account holder _____
- Money Order/Cashier's Check
- Subsidy - attach authorization to bill
Employer or Agency _____
- Credit Card Payment, please call (415) 817-4240

OFFICE USE

I agree to abide by the academic, payment and refund policies governing these courses as printed in the College of Extended Learning 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.

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 campus at (415) 338-2472 voice/TTY.

Signature _____ **Date** _____

College of Extended Learning is self-supporting.