COLLEGE OF EXTENDED LEARNING

SAN FRANCISCO STATE UNIVERSITY

SF STATE

www.cel.sfsu.edu

REGISTRATION WORKSHEET/FORM

Use this form

- **to register in person**
- **as a staff-assisted phone registration worksheet**
- **to mail in with your check**

TERM: Winter Spring Summer Fall 20 __ __

Please print clearly in black or blue ink. All fields are required.

SF State 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

Schedule Number	Course Abbreviation & No.	Section	Title	Units	Fee	Instructor's Approval Signature required after course has begun
|___|___|___|___|___|						
|___|___|___|___|___|						
|___|___|___|___|___|						
|___|___|___|___|___|						
|___|___|___|___|___|						
|___|___|___|___|___|						
|___|___|___|___|___|						
			Total	____	$______	

Type of Payment

☐ Money Order(s)

☐ Subsidy — see policies section at www.cel.sfsu.edu

Employer or Agency ____________________

☐ Electronic Payment — After registration and before payment due date, you may pay by e-check or by credit card. For detail visit https://www.sfsu.edu/~bursar/

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

Make checks payable to SF State 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 SF State Extended Learning to change my record, if necessary, to reflect the above information. Refund checks must be requested by calling the SF State 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.

SF STATE EXTENDED LEARNING REGISTRATION, 835 Market St., 6th Floor, San Francisco, CA 94103-1901