

Academic Credit Add/Drop Form



SACRAMENTO STATE
COLLEGE OF CONTINUING EDUCATION

Student's Last Name

Social Security #:

Sac State ID:

Office Use Only:

Please PRINT legibly

Legal Name:	Last	First	M.I.
Street Address:	<input type="text"/>		
City/State/Zip:	<input type="text"/>		
Email Address:	<input type="text"/>		

Year Fall Spring
 Winter Summer

Date of Birth: Sex: Male Female

Daytime Phone #:

Evening Phone #:

Do you currently hold a Bachelor's Degree? Yes No

First Name

M.I.

List all courses for which you wish to register:

				Office Use Only:
<input type="checkbox"/> Add				<input type="text"/>
<input type="checkbox"/> Drop				
<input type="checkbox"/> Audit	Call #	Dept. & Course #	Section	
<input type="checkbox"/> Add				<input type="text"/>
<input type="checkbox"/> Drop				
<input type="checkbox"/> Audit	Call #	Dept. & Course #	Section	
<input type="checkbox"/> Add				<input type="text"/>
<input type="checkbox"/> Drop				
<input type="checkbox"/> Audit	Call #	Dept. & Course #	Section	
<input type="checkbox"/> Add				<input type="text"/>
<input type="checkbox"/> Drop				
<input type="checkbox"/> Audit	Call #	Dept. & Course #	Section	
<input type="checkbox"/> Add				<input type="text"/>
<input type="checkbox"/> Drop				
<input type="checkbox"/> Audit	Call #	Dept. & Course #	Section	

For Drop/Refund information, please visit <http://www.cce.csus.edu>



Payment Information

Student's Name: _____

SSID: _____

Cash Check Credit Card (Visa, MasterCard or Discover)

Amount: \$ _____

Credit Card #:

Exp. Date:
Month/Year

Signature of Card Holder: _____

Date: _____

Sponsored by: _____

(Please attach sponsorship documentation)