



SACRAMENTO STATE

Open University Registration Form

Student's Last Name

IMPORTANT: You must obtain both the instructor's and department chair's signature on your registration form in order to enroll through Open University, or to drop your Open University course. After you have obtained the required signatures, submit the form to the College of Continuing Education Records office in Napa Hall. Please refer to the Open University Information Sheet for registration deadlines and withdrawal procedures for each term.

PLEASE PRINT CLEARLY ALL INFORMATION BELOW:

Year: _____	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	Sac State ID
Social Security Number	Legal Name (Last, First, MI)			
DIRECTORY INFORMATION				
Street Address	Day Telephone Number	Date of Birth (mm-dd-yy)	Do you currently have a Bachelor's Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City, State, Zip	Evening Telephone Number	Sex: Male <input type="checkbox"/>	Female <input type="checkbox"/>	
E-mail				

First Name

MI

IDENTITY CODE (OPTIONAL)

Enter your ethnic identity code in the box.

- 1 - American Indian or Alaskan native; tribe
- 2 - Black, non-Hispanic, including African-American
- 3 - Mexican-American, Mexican, Chicano

- A - Central American
- B - South American
- Q - Cuban
- P - Puerto Rican
- 4 - Other Latino, Spanish-origin, Hispanic
- C - Chinese
- J - Japanese
- K - Korean

- R - Asian Indian
- 5 - Other Asian
- M - Cambodian
- L - Laotian
- V - Vietnamese
- T - Thai
- S - Other Southeast Asian
- G - Guamanian

- H - Hawaiian
- N - Samoan
- 6 - Other Pacific Islander
- 7 - White
- F - Filipino
- 8 - Other

Are you an International Student?
 yes no
 If yes, what type of visa do you hold?

List Below All Courses You Wish To Register For:

							<i>Office Use Only</i>		
<i>Check one</i>									
1. <input type="checkbox"/> Add	<input type="checkbox"/> Audit	<input type="checkbox"/> Drop	Class # _____	Dept. & Course# _____	Section # _____	Units _____	Print Instructor's Name _____	Instructor's Signature _____	Unit Type _____
							Department Chair's Signature _____		
2. <input type="checkbox"/> Add	<input type="checkbox"/> Audit	<input type="checkbox"/> Drop	Class # _____	Dept. & Course# _____	Section # _____	Units _____	Print Instructor's Name _____	Instructor's Signature _____	Unit Type _____
							Department Chair's Signature _____		
3. <input type="checkbox"/> Add	<input type="checkbox"/> Audit	<input type="checkbox"/> Drop	Class # _____	Dept. & Course# _____	Section # _____	Units _____	Print Instructor's Name _____	Instructor's Signature _____	Unit Type _____
							Department Chair's Signature _____		

Office Use Only

Date _____	By _____	
REG _____	CON _____	
Tuition _____		\$ _____
Parking Decal No. _____		\$ _____
Late Fee _____		\$ _____
Total Units _____	TOTAL PAID _____	\$ _____
<input type="checkbox"/>	Accounts Receivable _____	\$ _____
	GRAND TOTAL _____	\$ _____
Sponsor _____		

I understand that this enrollment does not constitute admission to the University. I have read the information and registration procedures and understand the procedures of withdrawal and fee refund policy. If taking a graduate level course, I have a baccalaureate degree; if not, I have informed the instructor that I do not have a baccalaureate degree.

Student's Signature _____

Date Registration Submitted _____