



SACRAMENTO STATE

Academic Credit Add/Drop Form

** Not to be used for Open University*

Student's Last Name

First Name

M.I.

PLEASE PRINT CLEARLY ALL INFORMATION BELOW:

Year: _____ Term: _____		Sac State ID
Social Security Number (optional)	Legal Name (Last, First, MI)	
DIRECTORY INFORMATION		
Street Address	Telephone Number	Date of Birth (mm/dd/yy)
City, State, Zip	Do you currently have a bachelor's degree? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/Non-Binary
Email	Have you ever attended Sac State classes? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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:

The instructor's signature is required once the session has begun unless otherwise noted in the course footnotes.

Office Use Only

Check one

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 _____	Initials _____
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 _____	Initials _____
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 _____	Initials _____

Office Use Only

Date _____	By _____	
Tuition _____		\$ _____
Late Fee _____		\$ _____
Total Units	TOTAL	\$ _____
<input type="text"/>		
Sponsor _____		