



SACRAMENTO
STATE

Open University Intent to Enroll Form

IMPORTANT: This form is to establish a record for non admitted students. After completing this form, submit to ccecreditreg@csus.edu. Please refer to the Open University web page for registration deadlines and withdrawal procedures for each term.

PLEASE PRINT CLEARLY ALL INFORMATION BELOW:

Year: _____ Fall Spring Summer

		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? Yes No	Gender: Male Female Other/Non-Binary
Email		Have you ever attended Sac State classes? Yes No	

Are you an International Student? Yes No If yes, what type of visa do you hold? _____

I understand that submission of this form does not register me for any classes.

I understand that I must obtain permission of the instructor and department chair to register.

Payment must be submitted within 14 days of registration to avoid being dropped from class.

Office Use Only

Date _____ By _____

REG _____ CON _____

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