

Registration Change Notice For Employer



SACRAMENTO STATE
COLLEGE OF CONTINUING EDUCATION

Please print clearly in black or blue ink.

EMPLOYER: If you wish to make any changes to a Registration Agreement, please complete this Registration Change Notice and return it to:

Non-Credit Registration
College of Continuing Education
3000 State University Drive East
Sacramento, CA 95819-6103
Fax: (916) 278-4865

Company Name _____

Employer/Agency Registration Contact Person _____

Phone Number _____ Student Name _____ Student Email _____

Class Name _____ Course Code _____

Please make the following changes:

Transfer this student's registration into the following class:

Class name _____

Course Code _____ Start Date _____

I understand that if the company/agency declines to pay the College of Continuing Education for any reason, I may be liable for the entire course and or materials fees and any costs incurred for collection of fees.

Signature of Student _____ Date _____

This is a binding payment agreement which reserves enrollment space in the class for the participant listed. Upon receipt of this form the College of Continuing Education considers the participant formally enrolled in the class.

Signature of authorized company/agency representative _____ Date _____

Another student will take the place of this student

New student's name _____ Student's Email _____

Address _____ Phone _____

I understand that if the company/agency declines to pay the College of Continuing Education for any reason, I may be liable for the entire course and or materials fees and any costs incurred for collection of fees.

Signature of new student _____ Date _____

This is a binding payment agreement which reserves enrollment space in the class for the participant listed. Upon receipt of this form the College of Continuing Education considers the participant formally enrolled in the class.

Signature of authorized company/agency representative _____ Date _____

Cancel this registration