Winter Intersession Registration Form

SACRAMENTO STATE
COLLEGE OF CONTINUING EDUCATION

Student's Last Name | First Name | M.I.

Date Form Submitted

Please PRINT legibly

Legal Name

Address

City/ State/Zip

Social Security Number

Work Phone: _____

Home Phone: _____

Birthdate: _____

E-mail: _____

Sex: ☐ Male ☐ Female

Class Level: Do you currently hold a bachelor's degree? ☐ Yes ☐ No

Enter your ethnic identity code in box (optional).
1 - American Indian or Alaskan native; tribe
2 - Black, non-Hispanic, including African-American
3 - Mexican-American, Mexican, Chicano
A - Central American

☐ Identity Code

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
9 - No Response
D - Decline to state

List all classes for which you wish to register:

The instructor's signature is required **only once the session has begun** (unless otherwise noted in the footnotes).

Office Use Only

Check one

		Dept. & Course #	Section #	Call #	Units	Print Instructor's Name	Instructor's Signature	Unit Type
1.	☐ Add ☐ Audit ☐ Drop							
2.	☐ Add ☐ Audit ☐ Drop							

Office Use Only

Date_____ By_____

REG _____ ASL _____ O/C _____LAB ____

Parking Decal No._____

Late Fee_____

Sponsor _____

Total Units

CASHIER USE ONLY

PAYMENT BY CREDIT CARD

Discover ☐ Visa ☐ MasterCard ☐ Amount $_____

Student's Name_____ Social Security Number_____

Credit Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiration Date: ☐☐

Signature of Cardholder_____ Date_____

If **mailing** registration and payment, please send to:
California State University, Sacramento
College of Continuing Education
Attn: Winter Intersession Registration
3000 State University Drive East
Sacramento, CA 95819-6103

Or **fax** to: **(916) 278-7776**

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