COLLEGE OF EXTENDED LEARNING
SAN FRANCISCO STATE UNIVERSITY
www.cel.sfsu.edu

REGISTRATION WORKSHEET/FORM
Use this form:

- **to register in person**
- **as a staff-assisted phone registration worksheet**
- **to mail in with your check**

TERM: Winter Spring Summer Fall 20 __ __

Please print clearly in black or blue ink. All fields are required.

|___|___|___|-|___|___|___|-|___|___|___|
SF State Identification Number

|____|
Other Name /ID Number Used at SF State

Last Name ______ First Name ______ Middle Initial ______

Address — Number, Street and Apartment if applicable ______

City ______ State ______ Zip Code ______

Email Address: ____

Phone Numbers:

Day |____|____|____|-|____|____|____|-|____|____|____|____| Area Code Number

Evening |____|____|____|-|____|____|____|-|____|____|____|____| Area Code Number

Date of Birth: |___|___| - |___|___| - |___|___| Month Day Year

Gender: ☐ Male ☐ Female ☐ Other ☐ Decline to state

Class Number	Course Abbreviation & No.	Section	Title	Units	Fee	Instructor's Approval Signature/Permit # *required after course has begun*
|___|___|___|___|___|						
|___|___|___|___|___|						
|___|___|___|___|___|						
|___|___|___|___|___|						
|___|___|___|___|___|						
|___|___|___|___|___|						
|___|___|___|___|___|						
			Total	____	$ ______	

Type of Payment

☐ Money Order(s) ☐ Subsidy — see policies section at www.cel.sfsu.edu

☐ Check(s) — must be bank imprinted with account holder's name and address.

☐ Employer or Agency ____

Electronic Payment — After registration and before payment due date, you may pay by e-check or by credit card. For details visit http://bursar.sfsu.edu/

Make checks payable to SF State EXTENDED LEARNING or SF State CEL.
Check #__________________________Acct. holder____________________________
No cash accepted

FOR OFFICE USE ONLY

I agree to abide by the academic, payment & refund policies governing these courses as published at www.cel.sfsu.edu. If my payment by check or credit card is not paid by the bank, I am still responsible for all course fees. I authorize SF State Extended Learning to change my record, if necessary, to reflect the above information. Refund checks must be requested by calling SF State Extended Learning during office hours before the day the class begins.

Signature **Date**

For information concerning special services to accommodate a physical, perceptual, learning, or other disability, please contact the Disability Programs & Resource Center on the SF State main campus at (415) 338-2472 voice/TTY.

SF STATE EXTENDED LEARNING REGISTRATION, 835 Market St., 6th Floor, San Francisco, CA 94103-1901