



SACRAMENTO STATE

Summer Session Registration Form

Student's Last Name

First Name

M.I.

PLEASE PRINT CLEARLY ALL INFORMATION BELOW:

Year: _____		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

Class #	Check one	Dept. & Course#	Section #	Units	Print Instructor's Name	Instructor's Signature	Initials
_____	1. <input type="checkbox"/> Add <input type="checkbox"/> Audit <input type="checkbox"/> Drop	_____	_____	_____	_____	_____	_____
_____	2. <input type="checkbox"/> Add <input type="checkbox"/> Audit <input type="checkbox"/> Drop	_____	_____	_____	_____	_____	_____
_____	3. <input type="checkbox"/> Add <input type="checkbox"/> Audit <input type="checkbox"/> Drop	_____	_____	_____	_____	_____	_____

Office Use Only

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

I have read the information and registration procedures and understand the procedures of withdrawal and fee refund policy.

Non-admitted students: I understand that this enrollment does not constitute admission to the university. 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 _____