

Sonoma State University School of Extended and International Education

Summer 2020 Registration Form

Policies governing Extended Education courses, including refunds and use of Social Security Number, can be found at www.sonoma.edu/exed.

- If you need accommodations, the Disability Services for Students office is in Salazar 1049, phone 707-664-2677; TDD 707-664-2958.

PLEASE FILL OUT ALL INFORMATION AND PRINT CLEARLY: WE CANNOT REGISTER YOU WITHOUT COMPLETE, LEGIBLE INFORMATION.

SSU Student ID Number _____ (if no Student ID, please fill out SSN on second page)

Name (last, first) _____

Other name(s) _____

Mailing Address _____

City, State, Zip _____ Preferred Phone _____

Preferred e-mail _____

Note: Current SSU degree-seeking students *must* list their Sonoma State e-mail. We cannot use private e-mails for University business.

Class level/degree (circle one)

| | |
|--|---|
| <p>Undergraduate:</p> <ol style="list-style-type: none"> 1. Freshman (1—29 units) 2. Sophomore (30—59 units) 3. Junior (60—89 units) 4. Senior (90+ units), no degree | <p>Graduate:</p> <ol style="list-style-type: none"> 5. Bachelor's degree 6. Master's degree 7. PhD or other Doctorate 8. Teaching Credential |
|--|---|

Sex: F / M / Other: _____

| Dept & Course | Class # | Title | Units | Fee |
|---------------|---------|-------|-------|-----|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| TOTAL | | | | |

I have read and agree to abide by the refund and other deadlines and policies covering these courses, available at www.sonoma.edu/exed/geninfo. If my payment by check is not honored by the bank, or my credit card is declined, I understand that I am still responsible for all course fees, and that if payment is not received by SEIE within three business days of notification of a balance due, I may be disenrolled.

Signature _____ Date _____

- **Print this form** on two pages, not double-sided; we shred the second page after registration.
- **DO NOT** scan and e-mail this form; e-mail is not a secure method to transmit payment information.
- **FAX** to 707-664-2613 after completing bank card information below; or
- **Bring with payment to SEIE Office**, Stevenson 1012, between the hours of 8 AM and 5:00 PM Monday—Friday
- **Mail to the address below** (*allow five business days to process*). Check or money order may be made payable to Sonoma State University.
 SSU Extended Education
 1801 E Cotati Ave
 Rohnert Park, CA 94928
- **When you are registered**, you will receive a confirming e-mail.

Office Use:
 PN Y/N 1 _____ 2 _____ 3 _____



BIRTHDATE _____

SOCIAL SECURITY NUMBER (if no SSU Student ID) _____

Students are required to provide the University with their correct social security numbers (individual taxpayer identification numbers) pursuant to the authority contained in Section 41201, Title 5, California Code of Regulations, and Section 6109 of the Internal Revenue Code. The Internal Revenue Service requires the University to file information returns that include the student's social security number and other information such as the amount paid for qualified tuition, related expenses and interest on educational loans. That information is used to help determine whether a student, or a person claiming a student as a dependent, may take a credit or deduction to reduce federal income taxes. Students who do not have a social security number at the time of enrollment will be required to obtain a social security number and submit it to the University within 60 days. Failure to furnish a correct social security number may result in the imposition of a penalty by the Internal Revenue Service.

PAYMENT INFORMATION

Method of Payment **Check** **Money Order** **Credit Card** (Circle one: VISA / MasterCard / Discover / American Express)

Cardholder's name _____ **For the amount** \$ _____

Card number _____ **Expiration date (mm/yy)** _____

I agree to abide by the deadlines and policies governing these courses, and I understand that if my payment by check is not honored by the bank, or my credit card is declined, I am still responsible for all course fees.

Signature _____ **Date** _____