



San José State
UNIVERSITY

Department of Special Education, College of Education
One Washington Sq. SH 204, San Jose, CA 95192 -0078
408-924-3700

EDSE 180

Information Form For Course Registration

Semester: _____

Date: _____

Name: _____ SSN: _____

Address: _____ City: _____ ZIP: _____

Home Phone: (____) _____ Work Phone: (____) _____

E-Mail: _____

Number of units requested: 1.0 2.0 3.0

Proposed Individual Studies:

Instructors' Signature

Date