

San José State University International and Extended Studies

6W1

Summer 2010 Registration Form

Submit this form to the Student Services Center by fax, 408-924-2077, in person, or in the after-hours depository slot. **Disabled Students who need help with registration call 408-924-6000 or TDD 408-924-5990.**

SSN (optional) _____

Student ID Number _____ E-mail _____

Date of Birth _____ Male Female

Full Legal Name _____
LAST FIRST MIDDLE

Number and Street _____

City _____ State _____ Zip _____

Telephone: Daytime or Work (_____) _____ Evenings (_____) _____

Highest class level achieved or degree obtained

- | | | |
|--|---|--|
| 0 <input type="checkbox"/> No prior college | 3 <input type="checkbox"/> Junior (60-89 units) | 6 <input type="checkbox"/> Master's Degree |
| 1 <input type="checkbox"/> Freshman (1-29 units) | 4 <input type="checkbox"/> Senior (90+ units) | 7 <input type="checkbox"/> Doctoral Degree |
| 2 <input type="checkbox"/> Sophomore (30-59 units) | 5 <input type="checkbox"/> Bachelor's Degree | |

Any other name you have used at SJSU _____

■ Did you take any SJSU courses after Fall 1990?
 Yes No

■ Are you academically disqualified from SJSU?
 Yes No

■ Have you formally applied for a future SJSU admission term?
 Yes No

If YES, which career?

Graduate/Credential (G)
 Second Baccalaureate (P)
 Undergraduate (U)

CLASS REQUEST						
CLASS NUMBER	PERMISSION NO.	INSTRUCTOR SIGNATURE	CATALOG NUMBER	SECTION	UNITS	FEES
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$

REQUIRED SIGNATURES:

 Associate Vice President for Graduate Studies and Research (for non-matriculated students taking 200-level courses)
 Exclusions for enrollment in 200-level course: (1) disqualified students (2) students who were denied admission into a graduate program

I agree to abide by the academic, payment and refund policies governing these courses as printed in the summer session schedule of classes. If my payment by check or credit card is not paid by the bank, I am responsible for all course fees. I authorize International and Extended Studies to change my record, if necessary, to reflect the above information.

 Student's Signature Date