USE THIS FORM ONLY FOR IN-CLASS REGISTRATION IN JANUARY, 2008

San José State University International and Extended Studies

Winter 2008 Registration/Drop Form

3W1

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 _____

Full Legal Name _____
LAST FIRST MIDDLE

Number and Street _____

City _____ State _____ Zip _____

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

Date of Birth _____ ❑ Male ❑ Female

Highest class level achieved or degree obtained

0 ❑ No prior college
1 ❑ Freshman (1-29 units)
2 ❑ Sophomore (30-59 units)
3 ❑ Junior (60-89 units)
4 ❑ Senior (90+ units)
5 ❑ Bachelor's Degree
6 ❑ Master's Degree
7 ❑ Doctoral Degree

Any other name you have used at SJSU _____

Ethnic Origin

- ❑ **1. American Indian or Alaskan Native**
- ❑ **2. Black Non-Hispanic**
- ❑ **3. Chicano, Mexican-American**
- ❑ **4. Other Hispanic**
- ❑ **5. Asian**
- ❑ **6. Pacific Islander**
- ❑ **7. White Non-Hispanics**
- ❑ **8. All other responses**
- ❑ **9. No response**
- ❑ **F. Filipino**

Teacher Credential Student Status

Please check if applicable

- ❑ **A. I am clearing a preliminary credential**
- ❑ **B. I am currently matriculated in a credential program**
- ❑ **C. I am not yet admitted to a credential program**

If you checked "C" or are uncertain of your status, please contact the College of Education Credential Preparation Center, SH 108, 408-924-3608.

CLASS REQUEST

CLASS NUMBER	ADD	DROP	DATES	INSTRUCTOR SIGNATURE	CATALOG NUMBER	SECTION	UNITS	FEES
			to					$
			to					$
			to					$
			to					$

SUBMIT WITH PAYMENT TO THE BURSAR'S OFFICE, STUDENT SERVICES CENTER

LAST NAME | FIRST NAME | MIDDLE NAME | STUDENT ID NUMBER

TERM 2081 Amount Paid $ _____

METHODS OF PAYMENT

- ❑ **Cash –** Pay in person.
- ❑ **E-Check –** Must have SJSU Student ID or UserID number and password in order to access Student Financials in http://my.sjsu.edu.
- ❑ **Check, Cashier's Check or Money Order –** Pay in person, or drop box, or by mail. Mail checks to: Bursar's Office, San José State University, One Washington Square, San Jose CA 95192-0138
- ❑ **Credit Card Payment -** Available online only at www.winter.sjsu.edu. SJSU Student ID or User ID number, date of birth and term required. There is a service charge.
- ❑ **Third Party Sponsor –** a purchase order must be attached.

  Agency Name: _____

  Contact Person: _____

  Telephone: _____

- ❑ **ATM Debit Card –** Pay in person

I AGREE TO ABIDE BY THE ACADEMIC, PAYMENT AND REFUND POLICIES GOVERNING THESE COURSES AS PRINTED IN THE WINTER 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.

SIGNATURE DATE

For Bursar's Office Use Only

RECEIPT NUMBER

AMOUNT PAID

DATE

CASHIER

REFERENCE NUMBER

AUTHORIZATION NUMBER