Academic Credit Add/Drop Form

**Not to be used for Open University*

SACRAMENTO STATE

PLEASE PRINT CLEARLY ALL INFORMATION BELOW:

Year:________________ Term:_______________

Legal Name (Last, First, MI)	Sac State ID	
Street Address	Telephone Number	Date of Birth (mm/dd/yy)
City, State, Zip	Do you currently have a bachelor's degree? ☐ Yes ☐ No	Gender: ☐ Male ☐ Female ☐ Other/Non-Binary
Email	Have you ever attended Sac State classes? ☐ Yes ☐ 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

Check one

Class#	Check one	Dept. & Course#	Section#	Units	Print Instructor's name	Instructor's Signature	Initials
Class#______	☐ Add ☐ Audit ☐ Drop						
Class#______	☐ Add ☐ Audit ☐ Drop						
Class#______	☐ Add ☐ Audit ☐ Drop						

Office Use Only

Date____________________ By____________________

Tuition____ $___________

Late Fee_______________________________________ $___________

Total Units

TOTAL $___________

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 Signature

____
Date Registration Submitted