



Open University Intent to Enroll Form

IMPORTANT: This form is to establish a record for non admitted students. After completing this form, submit to ccecreditreg@csus.edu. Please refer to the Open University web page for registration deadlines and withdrawal procedures for each term.

PLEASE PRINT CLEARLY ALL INFORMATION BELOW:

Year: _____ Fall ☐ Spring ☐

DIRECTORY INFORMATION

Legal Name (Last, First, MI)

Street Address

City, State, Zip

Email

Telephone Number

Date of Birth (mm-dd-yy)

Do you currently have a Bachelor's Degree? Yes ☐ No ☐

Gender: Male ☐ Female ☐ Other/Non-Binary ☐

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?

☐ I understand that submission of this form does not register me for any classes.

☐ I understand that I must obtain permission of the instructor and department chair to register.

☐ Payment must be submitted within 14 days of registration to avoid being dropped from class.

Office Use Only

Date _____ By _____

REG _____ CON _____

Sponsor _____

I understand that this enrollment does not constitute admission to the University. I have read the information and registration procedures and understand the procedures of withdrawal and fee refund policy. 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's Signature

Date Registration Submitted