



Winter Intersession Registration Form

PLEASE PRINT CLEARLY ALL INFORMATION BELOW:

Year: _____

Legal Name (Last, First, MI)		Sac State ID
DIRECTORY INFORMATION		
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.

Check one

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

Office Use Only

Date _____	By _____
Unit Fee _____	\$ _____
Additional Fee _____	\$ _____
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