



SAN JOSÉ STATE UNIVERSITY

SPECIAL SESSION

Registration Add or Drop Form

Submit registration form to Registration Services by fax 1 (408) 924-2077, or walk-in. Disabled Students who need help with phone registration call 1 (408) 924-6000 or TDD 1 (408) 924-5990.

Degree: Undergraduate Graduate Year: _____ Term: Winter Spring Summer Fall

SJSU ID Number: _____ SSN (Optional): _____

Last Name: _____ First Name: _____ Middle Name: _____

Other Name(s) used at SJSU: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Email: _____ Date of Birth: _____ Gender: Female Male

Highest class level achieved or degree obtained: No Prior College Freshman (1-29 Units) Sophomore (30-59 Units) Junior (60-89 Units) Senior (90+ Units) Bachelor's Degree Master's Degree Doctoral Degree

Add	Drop	5 Digit Course Code	Permission Number	Subject	Catalog Number	Section	Units	Date	Fee

Total Fees Due: _____

Cash/Debit Card - Pay in person. SJSU ID Number required.

E-Check - <http://my.sjsu.edu> SJSU ID Number and password required for access.

Credit Card - American Express, Discover/Novus and MasterCard: not accepted in person at the Bursar's Office cashiering windows. <http://my.sjsu.edu> SJSU ID Number and password required for access.

Check, Cashier's Check or Money Order - Student's name, local telephone number where they can be reached and SJSU ID Number—not SSN—must be on the face of the check. If the bank for any reason dishonors a check, the registration is subject to cancellation. Classes will be dropped immediately without prior notification. A \$25 fee is charged for the first returned check and \$35 thereafter. An additional administrative fee may also be charged. SJSU has no control whether the bank sends checks through a second time for clearing. Mail checks to Bursar's Office, SJSU, One Washington Square, San José, CA 95192-0138

Third-Party Sponsor - A purchase order or payment authorization must be attached to this form showing the sponsor's name, contact person, address, telephone number, fee, course title and start date. Incomplete third-party registrations will be returned.

If my payment by check or credit card is not paid by the bank. I am responsible for all course fees. I authorize the Office of International and Extended Studies to change my record, if necessary to reflect the above information.

Student's Name (Please print clearly) Student's Signature Date

FOR BURSAR'S OFFICE USE ONLY

Receipt Number: _____ Amount Paid: _____ Date: _____

Cashier: _____ Reference Number: _____ Authorization Number: _____