Policies governing Extended Education courses, including refunds and the use of Social Security Number, can be found at www.sonoma.edu/exed.

- Payment is due at time of registration.
- Students are responsible for following Project Continuation policies. Please check with your department before registering.
- If you need accommodations, the Disability Services for Students office is in Salazar 1049, phone 707-664-2677; TDD 707-664-2958.

PLEASE FILL OUT ALL INFORMATION AND PRINT CLEARLY: WE CANNOT REGISTER YOU WITHOUT COMPLETE, LEGIBLE INFORMATION.

SSU Student ID Number

Name (last, first)

Other name(s)

Mailing Address

City, State, Zip

Preferred Phone

Preferred e-mail

Note: Current SSU degree-seeking students must list their Seawolf e-mail. We cannot use private e-mails for University business.

<table>
<thead>
<tr>
<th>Dept  (e.g. BUS, see below)</th>
<th>Course #</th>
<th>Class # (0000, see below)</th>
<th>Title (Abbreviate)</th>
<th>Units</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>578</td>
<td></td>
<td></td>
<td>Project Continuation</td>
<td>1</td>
<td>$ 275</td>
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</table>

Department and Class # for Project Continuation: Choose your discipline from this list and enter in grid.

- ANTH 4314
- BIOL 4315
- BUS 4316
- EDEC 4318
- EDUC 4317
- ENGL 4298
- HIST 4319
- ITDS 3750
- KIN 4320
- NURS 4321
- OD 4322
- POLS 4323
- PSY 4324

I have read and agree to abide by the refund and other deadlines and policies covering these courses, available at www.sonoma.edu/exed/geninfo. I understand that if my payment by check is not honored by the bank, or my credit card is declined, that I am still responsible for all course fees as listed above, which are in addition to standard University charges.

☐ I have applied for financial aid. I understand that I must be registered for at least 4 units in order to qualify for financial aid. I have attached my Authorization to Apply Financial Aid form, and I understand that if I do not have an award in place by August 11, I must pay my fees and be reimbursed when my award is disbursed. I also understand that if my award has already disbursed, or is not sufficient to cover my fees, I am responsible for paying the balance.

Signature ___________________________ Date ______________________

Bring to SEIE Office, Stevenson 1012; Mail with check or money order payable to Sonoma State University to Extended Education Registration, 1801 E Cotati Ave, Rohnert Park, CA 94928-3609; or FAX to 707-664-2613 after completing bank card information on the next page.
PAYMENT INFORMATION:

Method of Payment  □ Check  □ Money Order  □ Credit Card (Circle one: VISA / MasterCard / Discover / American Express)

Cardholder's name ____________________________________________  For the amount $ ____________

Card number ____________________________________________  Expiration date (mm/yy) ____________

I agree to abide by the deadlines and policies governing these courses, and I understand that if my payment by check is not honored by the bank, or my credit card is declined, I am still responsible for all course fees.

Signature ____________________________________________  Date ____________