School of Education Summer 2016 Prerequisite Registration Process

Through the School of Extended and International Education

Application Process

1. Complete the form below. Be sure to include all the information requested
2. Attach supporting documents
   a. Official or unofficial transcripts from every college and university attended
   b. BA/BS verification: Official or unofficial transcript only (internet transcript not acceptable)
3. Return complete application to the School of Education located in Stevenson Hall, Room 1078 for review

The School of Education will review the application. If you are approved to take prerequisite courses through Extended Education, you will be contacted via email so that you can proceed with registration payment with Extended Education.

Please note for EDEC 420: Students will need to take the new "Getting Started Online" module and complete it by May 24 (or they will be automatically dropped from the course). If you are taking EDUC 417 along with EDEC 420, you should not take 417 and 420 during the same session. You should enroll in 420 for session 1 and 417 for session 2 if you need both.

Please note: Acceptance for these courses does not guarantee admission to the credential program.

Please contact the School of Education at 707-664-2832 if you have any questions.
School of Extended Education
1801 E. Cotati Avenue
Rohnert Park, CA 94928

REGISTRATION FORM
Summer 2016

Student ID# __________________________________________ Birthdate (MM/DD/YY) ____________________ Sex (M or F) ____________

Name (last, first, middle initial) ____________________________________________

Current mailing address:
Number and Street Name __________________________ City __________ State ___ Zip Code ______

Day Phone __________________________ Even Phone __________________________ Email ____________

BA or BS Degree:
Major Institution __________________________ Year Graduated ______________

List ALL accredited colleges and universities attended, including Sonoma State University if applicable. You will need to provide official or unofficial transcripts to the Credentials Office for each institution you list below:

<table>
<thead>
<tr>
<th>Institution</th>
<th>Dates of Attendance</th>
<th>Degree(s)</th>
<th>Date Awarded (if applicable)</th>
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Want to enroll in prerequisite courses for:

☐ Single Subject  ☐ Multiple Subject  Other (please specify) _______________________

Refund Policy: Consult the School of Extended Education at http://www.sonoma.edu/exed/ or call 707/664-2394 regarding specific questions.

Title of Course(s) you wish to enroll in  Dept. & Course #  Class # & Sec  Start Date  Instructor

☐ Child Dev Family School & Community  EDEC 420  1112/101  5/31/16 Online  Kristina de Korsak
☐ Child Dev Family School & Community  EDEC 420  1113/102  5/31/16 Online  Kristina de Korsak
☐ School and Society  EDUC 417  1114/101  6/27/16  Rhianna Casesa
☐ School and Society  EDUC 417  1115/102  5/31/16  Sandra Ayala
☐ Devlmt. Adolesc & Emerging Adulthood  EDSS 418  1173/101  7/11/16  Susan Victor
☐ Devlmt. Adolesc & Emerging Adulthood  EDSS 418  1174/102  7/11/16  Susan Victor

Registration begins, March 11, 2016
The cost per unit is $340. (each course is 3 units)

For Office Use Only: Verified by _______________________
Cash Receipt# ______________ Check # ______________
Payee Name ______________________________________
Visa/MC authorization# ______________________________________
Total Paid $ __________ By __________ Date ______

I enclose: □ Check □ Money Order □ VISA □ MasterCard □ Discover □ American Express - in the amount of $ __________
Cardholder’s name ______________________________________ Card Number __________________ Exp. Date ______
I agree to abide by the deadlines and policies governing these courses. If my payment by check is not honored by the bank, I am still responsible for all course fees.

Signature ______________________________________ Date ______________________________________

School of Education Office use only

Calculated GPA: Last 60 units _______ Cumulative GPA: _______

________________________________ Student Services Coordinator □ Approved □ Denied _____________ Date

________________________________ Department Chair □ Approved □ Denied _____________ Date

___ Original to Extended Education
___ Copy to School of Education Student Services