SONOMA STATE UNIVERSITY
MSCES Program, Department of Engineering Science
Through the School of Extended Education

Extended Education – Phone: 664-2394; Fax: 664-2613
Engineering Science Department – Phone: 664-2030; Fax: 664-2361

Spring 2009 Registration Form

Register for the CES classes at the School of Extended Education by **fax** at **(707) 664-2613**, or **by phone** at **(707) 664-2394**, or **in person** in Stevenson Hall, Room #1012. Also, please e-mail or drop off a copy of the completed registration form, without payment information, to the Engineering Science Department: Engineering@sonoma.edu.

Please DO NOT register through PeopleSoft for these classes.

The Disability Resource Center provides complete access to the University for students with disabilities. For more information: phone 707/664-2677 (voice) or 707/664-2958 (TDD). SSU is an AA/EEO Institution.

O	CES 430:	(3979)	3 units	$1500.00	O	CES 592:	(3993)	3 units	$1500.00
O	CES 440:	(3980)	3 units	$1500.00	O	CES 593:	(4000)	3 units	$1500.00
O	CES 490 :	(3983)	1 unit	$ 500.00	O	CES 594:	(4001)	1 unit	$ 500.00
O	CES 490 :	(3984)	2 units	$1000.00	O	CES 594:	(4002)	2 units	$1000.00
O	CES 490:	(3985)	3 units	$1500.00	O	CES 594:	(4003)	3 units	$1500.00
O	CES 524:	(3986)	3 units	$1500.00	O	CES 595:	(4004)	1 unit	$ 500.00
O	CES 530:	(3987)	3 units	$1500.00	O	CES 595:	(4005)	2 units	$1000.00
O	CES 590:	(3988)	1 unit	$ 500.00	O	CES 595:	(4006)	3 units	$1500.00
O	CES 590:	(3989)	2 units	$1000.00	O	CES 596:	(4007)	1 unit	$ 500.00
O	CES 590:	(3990)	3 units	$1500.00	O	CES 599:	(4008)	1 unit	$ 500.00
O	CES 592:	(3991)	1 unit	$ 500.00	O	CES 599:	(4009)	2 units	$1000.00
O	CES 592:	(3992)	2 units	$1000.00	O	CES 599:	(4010)	3 units	$1500.00

Classes begin on Monday, January 26, 2009.

Registration takes place through **Friday, January 23, 2009.**

Please register as soon as possible. A $50 late fee will be charged AFTER January 23rd.

Last Name _____ First Name _____ PeopleSoft I.D. Number _____

Address _____

Daytime telephone number _____ Home/evening telephone number _____

Email address _____

Payment Method: ☐ Cash ☐ Check ☐ Credit Card: Type _____

Credit Card Number _____ Exp. Date _____ Name on Card (Payee) _____

******** PLEASE ISSUE STUDENT A RECEIPT.**