



School of Extended Education
1801 E. Cotati Avenue, Rohnert Park, CA
94928

(707) 664-2394

**B.A. LIBERAL STUDIES NAPA VALLEY
REGISTRATION FORM
Fall 2009**

Student ID# _____ **Birthdate** (00/00/00) _____ **Sex** (M or F) _____

Name (last, first, middle initial) _____

Current mailing address: _____
Number and Street Name City State Zip Code

Day Phone _____ **Evening Phone** _____ **Email** _____

Will your employer reimburse your tuition? Yes No If yes, Company name _____

Company address: City, State, Zip _____

Please enter the appropriate code letter in boxes below:

Occupation:

- | | |
|---------------------------|---------------------------------|
| (T) Teacher | (W) Skilled Worker/Craftsperson |
| (B) Business Professional | (M) Military |
| (S) Student | (D) Homemaker |
| (H) Health Professional | (R) Retired |
| (O) Other | |

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 #	Schedule # (0000)	Units	Fee
<input type="checkbox"/> Biology of Cancer	BIOL 309	3767	3	\$885
<input type="checkbox"/> Applied Physical Science	ENSP 303	3766	3	\$885
<input type="checkbox"/> Intro to Portfolio Dev & Spec Proj	SSCI 300	3996	1	\$295
<input type="checkbox"/> Portfolio Evaluation	SSCI 400	3997	3	\$885
<input type="checkbox"/> Selected Topics COMS: Advance Presentations	COMS 320	3768	3	\$885
<input type="checkbox"/> Chicano/Latino Youth & Adolescents	CALS 403	3769	3	\$885
<input type="checkbox"/> Internship	SOCI 499	4015	1	\$295
<input type="checkbox"/> Internship	SOCI 499	4016	2	\$590
<input type="checkbox"/> Internship	SOCI 499	4017	3	\$885

For Office Use Only: Verified by _____

Cash Receipt# _____ Check # _____

Payee Name _____

Visa/MC authorization# _____

Total Paid \$ _____ By _____ Date _____

I have applied for financial aid:

Yes No (check one)

If yes, you must complete and sign
"Authorization to Apply Financial Aid to Other Charges" form
and the "Fee Voucher Promissory Note" and return them both to
the Registrar in Extended Education, Stevenson 1012.

I enclose: Check Money Order VISA MasterCard Discover American Express For 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 _____

Mail to: School of Extended Education, Sonoma State University, 1801 E. Cotati Ave., Rohnert Park, CA 94928-3609.