

Registration form for Online Courses

Personal Information

Name: _____
Last First MI

Address: _____
Street Apartment #

City State/Country Zip

Phone: () _____ () _____
Home Work

Email: _____ **Social Security Number:** _____
(for use with class) (Needed for tax credit form)

Institution of affiliation: _____

Class Information

Name of class you wish to take: _____

Course Number (i.e. FE-4000 or HSRS-4040): _____

Professor: _____ **Pin Number:** _____

List Starr King or GTU moodle account? _____ **None**
(please list so we can associate with course)

Are you taking the course: **Pass/Fail** **Grade**
(Please circle whichever is appropriate)

Next Steps

1. Complete form
2. Mail with payment to: Kat Crowell, Registrar
SKSM
2441 Le Conte Ave.
Berkeley, CA 94709

Payment due is \$1808.00 per 3 credit hours, for courses taught from 7-1-10 to 6-30-11.

Internal Use

ID #: _____

Term	Course	Professor	Amt Due	Amt Paid	Check #	Chk Date

If e-mailing this form, send to registrar@sksm.edu