UNIVERSITY of SACRAMENTO

a private university

REGISTRATION FORM

Name: _____ Student ID # _____

Address: _____ City: _____ Zip: _____

Year: _____ Semester: ☐ Fall ☐ Spring ☐ Summer

☐ Degree ☐ Certificate ☐ Audit Phone: _____ Email: _____

Course Code	Course Title

CHECK APPROPRIATE LINE

	Tuition – degree student	One course	**$1,050.00**
	Tuition – degree student	Two courses	**$2,100.00**
	Certificate student (first course)	One course	**$245.00**
	Certificate student (remaining courses)	One course	**$405.00**
	Auditor	One course	**$325.00**

Payment Information

☐ **Visa**
☐ **MasterCard**

☐ **Check / Money Order**

_____
Name of Cardholder

____ ____ ____ ____ - ____ ____ ____ ____ - ____ ____ ____ ____ - ____ ____ ____ ____
Card #

_____ (Month) _____ (Year) _____
Cardholders' signature Exp. Date

Student Signature: _____ Date: _____ / _____ / _____

Bursar Authorization: _____ Ck. # _____

Registrar Authorization: _____

Please complete form and send with payment to:

Office of the Registrar
University of Sacramento
1531 I St., 2nd Floor
Sacramento, CA 95814

Or fax to: (916) 443-4765