

San Diego State University

College of Extended Studies

Transaction Form

Date _____

SDSU RedID

Signature _____

Daytime Phone _____ Evening Phone _____

Email Address _____ Date of Birth _____

Term:
Spring _____
Summer _____
Fall _____

Last Name _____ First Name _____ M.I. _____

Year _____

Address – Number and Street _____

City _____ State _____ Zip _____

Check here if this is an address change

List the courses you wish to **DROP** from your program:

for credit courses only

Schedule Number	Fees	Units	Dept/Course No	Course Title	Course Dates	Instructor Approval (if required)

Reason for the drop: _____

List the courses you wish to **ADD** to your program:

for credit courses only

Schedule Number	Fees	Units	Dept/Course No	Course Title	Course Dates	Instructor Approval (if required)

Payment by:

Cash
 Check
 AMEX
 VISA
 MASTERCARD
 DISCOVER

Subsidized by: _____

Card Number: _____ Exp. Date _____

For office use only

ACCOUNTING OFFICE CERTIFICATION

TYPE OF FEES	Forfeit	Refund	Account
Instructional fees	\$ _____	_____	_____
Student Activity Fee	_____	_____	_____
Student Union Fee	_____	_____	_____
Extension	_____	_____	_____
Other: _____	_____	_____	_____
Totals:	_____	_____	_____

Payment Code (s): _____

Payment Dates (s) _____

Fees collected and unearned balance due certified by _____

Signature