



Continuing Education • Registration Form

Check here if you are a returning student

To pre-register by mail, use this form. Be sure to enclose your check or money order for the full amount - payable to **CCSF-CSA**. Mail to: Continuing Education - CCSF, 2 Marina Blvd - Bldg B, Fort Mason Center, San Francisco, CA 94123. Fax: 415 561-1849

Check here if this you are a **CCSF** employee

Name _____ Student ID# _____ Phone # _____
Address _____ (H) _____
City _____ State _____ Zip _____ (W) _____

Continuing Education Enrollment

I understand that I am enrolling in this class through the *Continuing Education Enrollment*. I am not expected to take any tests. My participation will **not** be graded and I will **not** receive any credit from City College of San Francisco.

email address: _____

CLASS #	CLASS TITLE	DATES	FEE

DO NOT include material fees with this enrollment

*Number of Students Enrolling _____ **Total Fees** _____

*Please include the information from the first 5 lines for each person enrolling.

Credit Card Payment _____
Vis/MasterCard - Credit Card Number _____ Expiration Date _____

Student Signature

Instructor Signature

SIGNATURE _____