

FALL 2011

CITY COLLEGE OF SAN FRANCISCO
CONTINUING EDUCATION

Visit the Website & Register on-line at : www.ccsf.edu/continEd

Check here if you are a returning Continuing Education student.



Written requests for refunds must be made 7 days prior to start of class. A \$20 processing fee will be deducted.

Continuing Education Registration Form: Semester _____

Name _____ Student ID # _____

Address _____

City _____ State _____ Zip _____

Phone (H) _____ (W) _____

Email address _____ (please print clearly)

CLASS#	CLASS NAME	DATES	FEE

___New ___Returning Student(s) No. of Persons Enrolling ___ Total _____

Check VISA MasterCard Credit Card # _____

A \$1 Transaction Fee is Charge for Credit Card Payments per Form Submis-

Register Online!

To Pre-register by mail. Use this form. Be sure to enclose your check or money order for the full amount - Payable to CCSF

Mail to:
Continuing Education
Fort Mason Art Campus
Laguna & Marina Blvd
Building B
San Francisco, CA 94123
FAX to: 415 561-1849
Office: 415 561-1860

Signature _____ Expiration Date _____