

# REGISTRATION & SERVICE REQUEST FORM

Summer 2009

Please use PENCIL

Name: \_\_\_\_\_

CSUN Student ID#:

Major: \_\_\_\_\_ Class: \_\_\_\_\_

CSUN User ID#: \_\_\_\_\_

Date: \_\_\_\_\_

Password: \_\_\_\_\_

**\*\*\* Please use a separate form for each session!\*\*\***

SERVICE (Choose your preferred service) I - Interpreter RT - Real Time TW - TypeWell N - Notetaker **(N)** - Volunteer Notetaker 0 - No Service

<input checked="" type="checkbox"/>	A/D	Class #	Subject	Catalog #	Course Title	Instructor	Units	Days	Hours	Place	Service	Perm #

CSUN Summer Term

Visiting Summer Students Program



**SUMMER TERM 2009**

- Session 1:  May 26 – August 18 (12 weeks)
- Session 2:  May 26 – July 7 (6 weeks)
- Session 3:  July 8 – August 18 (6 weeks)

Additional Information: \_\_\_\_\_

**STUDENT INFORMATION**

Email: \_\_\_\_\_

Pager address or number: \_\_\_\_\_

**RESIDENCY STATUS**  Resident  Non-Resident

**For Department of Rehabilitation Clients Only**

*I give permission for NCOD staff and the Dept. of Rehabilitation staff to discuss my disability-related needs and educational status. I understand that reports and other written information about me will be kept confidential. I also understand that selected information may be released without my name as data for mandatory governmental reports.*

Signature of student: \_\_\_\_\_

DOR Counselor: \_\_\_\_\_

City, State: \_\_\_\_\_

OFFICE USE ONLY

- \_\_\_\_\_ SPS Signature/Date
- \_\_\_\_\_ No Show Policy
- \_\_\_\_\_ WIWC Complete/Date
- \_\_\_\_\_ Web Registration/Date
- \_\_\_\_\_ Computer Check/Date
- \_\_\_\_\_ Advisement Provided by SPS

**Types of Payment:**

- DOR  FA
- CK  CR
- FW

National Center on Deafness