

Out of State Enrollment Form

Please print and fill out the following form with blue or black pen

First Name: _____

Last Name: _____

Phone Number: (____) _____ - _____

State where the DUI occurred: _____

Agency requiring completion of program: ☐ DMV ☐ COURT

Specify type and length of program requested: _____ Hours
_____ Days
_____ Months

Evaluation/Assessment needed: ☐ Yes ☐ No ☐ UNKNOWN

Send this form and attachments to:

Fax: (858) 467-6822

Mail: SDSU DUI PROGRAM - 9245 Sky Park Ct. Suite 101. San Diego, CA 92123

Make sure to include all the documents about your case

- ☐ Court documents
- ☐ DMV documents
- ☐ Assessment documents (if available)

Make sure to call us back in

- ☐ 2 business days if you faxed your info
- ☐ 5 business days if you mailed your info

The number to call is (858) 467-6810. Your paperwork will be held for 30 days only. It is your responsibility to call us back to schedule an appointment to enroll.