

Credit Registration Form

CALIFORNIA STATE UNIVERSITY **LONG BEACH**
COLLEGE OF **CONTINUING AND PROFESSIONAL EDUCATION**

Return Application To PMC
Coordinator Hillary Edwards
Email: hillary.edwards@csulb.edu
Fax: (562) 985-2448

CCPE Student Services
Phone Number:
(562) 985-5561
(800) 963-2250

Check One:
 Spring Winter
 Fall Summer
 Year: _____

Campus I.D.

Social Security (New Student Only)

Birth Date

Today's Date

Last Name

First Name

M.I. (Other Name)

Address

Apt. No.

City

State

ZIP

Please check here if this is a change of address

(_____) _____
Day Phone

(_____) _____
Evening Phone

E-mail Address

Do you have a Bachelor's Degree? Yes No
 If NO, please circle your class level below:
 (1) Freshman (2) Sophomore (3) Junior (4) Senior

Ever attend CSULB before? Yes No
 If YES, when? _____

I wish to enroll in these classes:

Add	Drop	Class #	Course	Section	Instructor Signature* (If Applicable)	Department Signature* (If Applicable)	Units	Fee
			CRJU 690				3	\$315

* Instructor permission required once class begins and for closed or special permission classes.

CLASS FEE: \$945.00
LATE FEE: \$0
TOTAL FEES: \$945.00

This form may not be used for Open University classes.

Method of Payment:

Check Enclosed—Made payable to CSULB
 Master Card VISA American Express
 Other: _____

Account Number: _____ - _____ - _____ - _____

Expiration Date: _____ Security Code: _____

PRINT name as it appears on card: _____

Authorized Signature _____

Input by