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

CSULB STUDENT

CCPE SUMMER SESSION REGISTRATION ADD FORM

SEMESTER: SUMMER 2017

CAMPUS I.D.

LAST NAME

FIRST NAME

MI

Student Program: ❒ Undergraduate ❒ Credential ❒ Masters

(_____) _____ (_____) _____
Primary Phone Other Phone

_____
Email Address

	ADD	CLASS NUMBER	COURSE SUBJECT	SECTION	UNITS	INSTRUCTOR SIGNATURE
1.						
2.						
3.						
4.						

Initiated by student: _____

OFFICE USE ONLY

Before Change After Change **Input by:**

PAYMENT METHOD:

❒ Credit Card #: _____

Expiration Date: _____ Security Code: _____

Card Holder's Name: _____

Authorizing Signature: _____

❒ Check #: _____

❒ Other: _____

❒ Payment Plan: _____

PAYMENT:

Summer Session Fee: $ _____

Campus Mandatory Fee: $ _____

Late Fee: $ _____

Payment Plan Fee: $ _____

Total: $ _____

Rev.: 2/2017 | Priority Code: 2260