

CALIFORNIA STATE UNIVERSITY LONG BEACH
COLLEGE OF CONTINUING AND PROFESSIONAL EDUCATION

May Intersession 2018 Registration Form

PLEASE PRINT

- -

SOCIAL SECURITY NUMBER
(NEW STUDENT ONLY)

CAMPUS I.D. _____

LAST NAME

FIRST NAME

MI

Street _____

City _____ State _____ ZIP _____

() _____ () _____
Primary Telephone Other Telephone

E-mail Address: _____

DATE OF BIRTH: _____ GENDER: _____
Month Day Year

CLASS 1			CLASS 2			CLASS 3		
<input type="checkbox"/> Add			<input type="checkbox"/> Add			<input type="checkbox"/> Add		
CLASS #	SECTION #	UNITS	CLASS #	SECTION #	UNITS	CLASS #	SECTION #	UNITS
COURSE			COURSE			COURSE		
INSTRUCTOR SIGNATURE		DATE	INSTRUCTOR SIGNATURE		DATE	INSTRUCTOR SIGNATURE		DATE

Have you ever been enrolled at CSULB? Yes No

If **yes**, did you attend **prior** to Fall 1988? Yes No

Do you have a bachelor's degree? Yes No

Are you currently a disqualified CSULB student? Yes No

Enter the term and year in which you **last** attended: _____ / _____
Term Year

If no, **last** institution attended: _____

COUNTRY OF CITIZENSHIP:

I understand that this enrollment does not constitute admission to the University. I have read the information and registration procedures and understand the procedures on withdrawal and fee refund policy.

Student's Signature _____ Date _____

OFFICE USE ONLY

UNITS:

Before Change After Change

FEES:

Class 1 \$ _____

Class 2 \$ _____

ID Fee \$ _____

Late Fee \$ _____

Other Fee \$ _____

Total \$ _____

METHOD OF PAYMENT:

Other _____

Check # _____

Credit Card

Credit Card Number: _____

Exp. Date: ____/____/____

Security Code _____

Name as it appears on card _____

Authorized Signature _____

EXTRA UNITS PETITION RECEIVED

INITIALS

White - CCPE
Pink - Student