

CALIFORNIA STATE UNIVERSITY LONG BEACH
COLLEGE OF CONTINUING AND PROFESSIONAL EDUCATION

CSULB STUDENT

CCPE SUMMER SESSIONS REGISTRATION ADD FORM

SEMESTER: SUMMER 2018

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CAMPUS I.D.

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LAST NAME

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FIRST NAME

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MI

Student Program: Undergraduate Credential Masters

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Primary Phone

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Other Phone

Email Address

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

*Circle one.

Initiated by student: _____

OFFICE USE ONLY	<input type="checkbox"/> Before Change	<input type="checkbox"/> After Change	Input by: <input style="width: 60px;" type="text"/>
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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: \$ _____