

CSULB STUDENT

CPIE SUMMER SESSIONS REGISTRATION ADD FORM

SEMESTER: SUMMER 2019

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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

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Before Change

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After Change

Input by:

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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: \$ _____