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

CSULB STUDENT

CCPE SUMMER SESSIONS REGISTRATION ADD FORM

SEMESTER: SUMMER 2018

CAMPUS I.D. _____ LAST NAME _____

FIRST NAME _____ MI ____

Student Program: ❒ Undergraduate ❒ Credential ❒ Masters

(_____) _____ (_____) _____
Primary Phone 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 ❒ 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: $_____