

Winter Session 2015 Registration Form

California State University
Long Beach
College of Continuing and
Professional Education



PLEASE PRINT

____ - ____ - _____

SOCIAL SECURITY NUMBER (NEW STUDENT ONLY)

CAMPUS I.D. (Returning Student)

LAST NAME

FIRST NAME

MI

CLASS 1

CLASS 2

CLASS 3

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

Street _____

City _____

()

Day Telephone _____

State _____

()

Evening Telephone _____

ZIP _____

E-mail Address: _____

Date of Birth _____

Month

Day

Year

Gender _____

Have you ever been enrolled at CSULB? Yes No

Yes No

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

Yes No

Do you have a Bachelor's degree? Yes No

Yes No

Are you currently a disqualified student? Yes No

Yes No

Enter the term and year in which you **last** attended:

____ / ____ Year

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

COUNTRY OF CITIZENSHIP:

I understand that this enrollment does not constitute admission to the University. I have been advised of the registration procedures and understand the procedures on withdrawal and fee refund policy by the CCPE student representative.

Student's Signature _____

Date _____

OFFICE USE ONLY

UNITS:

Before Change

After Change

FEES:

Class 1 \$ _____

Class 2 \$ _____

Late Fee \$ _____

Payment Plan \$ _____

Total \$ _____

METHOD OF PAYMENT:

Other _____

Check # _____

Credit Card

Credit Card No.: _____

Exp.Date: _____ / _____

Security Code: _____

Name as it appears on card: _____

Authorized Signature: _____

**EXTRA UNITS
PETITION RECEIVED**

PAYMENT PLAN

INITIALS

White – CCPE
Pink – Student