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

Winter Sessions Registration Form 2019

PLEASE PRINT

___ — ___ — ____

SOCIAL SECURITY NUMBER (NEW STUDENT ONLY)

CAMPUS I.D. (Returning Student)

LAST NAME

FIRST NAME MI

CLASS 1		CLASS 2		CLASS 3	
❑ Add	❑ Drop	❑ Add	❑ Drop	❑ Add	❑ Drop
CLASS #	COURSE	CLASS #	COURSE	CLASS #	COURSE
SECTION #	UNITS	SECTION #	UNITS	SECTION #	UNITS
APPROVAL SIGNATURE		APPROVAL SIGNATURE		APPROVAL SIGNATURE	
DATE		DATE		DATE	

SESSION ❑ 1 ❑ 2

Street

City State ZIP

( ) ( )

Preferred Main Telephone Other Telephone

E-mail Address

Date of Birth _____ Gender _____

Month Day Year

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 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 been advised of the registration procedures and understand the procedures on withdrawal and fee refund policy by the CCPE student services 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

Rev. 9/2018 | Priority Code: 2651