

Continuing Education

CREDIT REGISTRATION FORM

Division of Continuing Education (970) 491-5288
 1040 Campus Delivery Toll-free: (877) 491-4336
 Fort Collins, CO 80523-1040 FAX: (970) 491-7885
 www.learn.colostate.edu



Student Please print or type.

Full Legal Name _____ CSUID / SSN _____
LAST FIRST MIDDLE (Disclosure of SSN is voluntary)

Mailing Address _____

 _____ City STATE ZIP Country _____

Home Phone () _____ Other Phone () _____

Email _____ Birth Date ____/____/____ Gender: Female Male
MM DD YY

Employer _____ Title _____

Are you a United States citizen? Yes No Country of Citizenship _____

Type of Visa or Alien Registration No. _____

Shipping address, if different from above, for videotapes, DVDs, and VCDs (must be in United States, Canada, or APO/FPO):

Ethnicity (check one - optional)

- African American or Black
- American Indian or Alaska Native
- Asian American
- Hispanic, Chicano, Mexican American, Latino
- Native Hawaiian or Other Pacific Islander
- White, Caucasian, Anglo, not of Hispanic Origin
- Other: _____
- I do not wish to provide this information

Class Level _____

Undergraduate:

- 11 = Freshman (0-29 credits)
- 21 = Sophomore (30-59 credits)
- 31 = Junior (60-89 credits)
- 41 = Senior (90+ credits)
- 44 = Post Bachelor
- 45 = 2nd Bachelor

Graduate:

- 51 = Not admitted to Graduate School
- 52 = Admitted to Graduate School in Master's Program
- 61 = Admitted to Graduate School in Ph.D. Program

To comply with Colorado state law, all males between the ages of *17 years 9 months* and *26 years* must answer the following question: Are you registered with the selective service? Yes No Not Applicable

Have you ever been convicted of a crime, made a plea of guilty, accepted a deferred judgment, been adjudicated, or been required to register as a sex offender? (Misdemeanor traffic offenses are exempt.) If yes, attach an explanation. Yes No

Courses

Course #	Title	Credits	Section #	Tuition + Fees

In signing this form, I certify that the information listed above is correct. I have read and understand the drop and refund policy and agree to fulfill my financial obligation to the University. I agree to abide by all policies of Colorado State University and the Division of Continuing Education.

Signature _____

Date _____