

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



Use to register for courses on pp. 1-6 & 8
 or register online at:
www.learn.colostate.edu/creditcourses
 Not for on-campus courses pp. 10-14

Student Please print or type.

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

Mailing Address _____
 _____ Country _____

Home Phone (_____) _____ Other Phone (_____)
CITY STATE ZIP

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 _____