

Credit Registration Form

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

Return Application To

Hillary Edwards

Email: h.edwards@csulb.edu Phone: (562) 594-1313 Fax: (562) 594-1313

Campus I.D.

Social Security (New Student Only)

Birth Date

Today's Date

Last Name

First Name

M.I. (Other Name)

Address

Apt. No.

City

State

ZIP

Please check here if this is a change of address

(_____) _____
Day Phone

(_____) _____
Evening Phone

E-mail Address

Do you have a Bachelor's Degree? Yes No

If NO, please circle your class level below:

(1) Freshman (2) Sophomore (3) Junior (4) Senior

Ever attend CSULB before? Yes No

If YES, when? _____

I wish to enroll in these classes:

CRJU 490	3	\$297
MGMT		
CRJU 490	3	\$297
ADV MGMT		

* Instructor permission required once class begins and for closed or special permission classes.

This form may not be used for Open University classes.

CLASS FEE: _____

LATE FEE: \$0

TOTAL FEES: \$594.00

Method of Payment:

Check Enclosed—Made payable to CSULB

Master Card VISA American Express

Other: _____

Account Number: _____ - _____ - _____ - _____

Expiration Date: _____ Security Code: _____

PRINT name as it appears on card: _____

Authorized Signature _____

<input type="checkbox"/>	Input by
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