

# Credit Registration Form

CALIFORNIA STATE UNIVERSITY LONG BEACH  
COLLEGE OF CONTINUING AND PROFESSIONAL EDUCATION

Return Application To 1. \$  
Coordinator Hillary Edwards  
Email: hillary.edwards@csulb.edu  
Fax: (562) 985-2448

CCPE Student Services  
Phone Number:  
(562) 985-5561  
(800) 963-2250

Check One:

Spring     Winter  
 Fall         Summer

Year: \_\_\_\_\_

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:

Add	Drop	Class #	Course	Section	Instructor Signature* (If Applicable)	Department Signature* (If Applicable)	Units	Fee
			CRJU 690					

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

CLASS FEE: \_\_\_\_\_

LATE FEE: \_\_\_\_\_

TOTAL FEES: \_\_\_\_\_

This form may not be used for Open University classes.

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 by