



University College & Extension Services

The Choice for Continuing Education & Professional Development
California State University, Long Beach

Registration Form

(562) 985-5561 (800) 963-2250 FAX (562) 985-5823

Mail address:

6300 State University Drive, Suite 100
 Long Beach, CA 90815

Open:

Monday-Thursday 8am-7pm; Friday 8am-5pm

Check One:
 Spring
 Fall
 Year 98

Social Security Number _____ 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 _____

Birth Date _____ Female Male How did you hear about this class? _____

Ever attend CSULB before? Yes No If yes, when? _____

Do you have a Bachelors Degree? Yes No

Four Convenient ways to Register!

- In Person:** Bring completed registration form and payment to the address at left during business hours.
- By Mail:** Send completed registration form and payment to our mailing address (above).
- By Phone:** Call during business hours at (562) 985-5561 or (800) 963-2250 to register with your VISA or MasterCard.
- By FAX:** Send completed registration form (VISA or MasterCard payments only) to our FAX number (562) 985-5823.

A separate registration form is needed for each person who wishes to enroll. If you need extra forms, we'll be glad to send you more.

Schedule Changes: Due to circumstances often beyond our control, University College and Extension Services reserves the right to cancel, postpone, or combine classes or change instructors. Every effort will be made to accommodate students who are inconvenienced by such changes.

I wish to enroll in these classes:

Add	Drop	Department	Course Number	Section	Instructor Signature* (If Applicable)	Department Signature* (If Applicable)	Units	Fee
<input checked="" type="checkbox"/>	<input type="checkbox"/>	OSS	490	600	n/a	n/a	1	65.00
<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>							

* Instructor permission required once class begins and for closed or special permission classes.
 * Department permission required at the beginning of the fifth week of classes.

TOTAL FEES \$ 65.00

Method of Payment:

- Other _____
- Check enclosed—Made payable to CSULB
- MasterCard VISA

Account Number _____

Expiration Date _____

PRINT name as it appears on card _____

Authorized Signature _____

Office use only

 Input by _____