

REGISTRATION FORM - STUDENT

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



Personal Information Please print or type.

Full Legal Name _____ CSUID / SSN _____

LAST FIRST MIDDLE

Employer _____ Title _____

Mailing Address _____

Country _____

CITY STATE ZIP

Day Phone (_____) Evening Phone (_____)

Email _____ Birth Date ____ / ____ / ____ Gender: Female Male

MM DD YY

Ethnic Origin (optional) _____ Class Level (credit courses only) _____

- A = Asian
- B = Black, non-Hispanic
- H = Hispanic
- I = American Indian
- W = White, non-Hispanic

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

- Graduate:
- 45 = 2nd Bachelor
 - 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 State of Colorado Law, the following question must be answered: If you are a male U.S. citizen born after December 31, 1959, are you registered with the selective service? Yes No Veteran

Academic Credit Information Only students registering for credit courses must complete the following section.

Leaving this question unanswered may delay processing of your registration: 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

Are you a United States citizen? Yes No

Country of Citizenship _____ Type of Visa or Alien Registration No. _____

Are you working toward a Colorado State degree? Yes No

Are you currently admitted to Colorado State? Yes No

Major or Department _____ Intended graduation (term and year) _____

How many credits have you earned towards this degree? _____

If you are a distance student, do you authorize your contact information to be shared with your classmates? Yes No

Do you have an Embanet Account (for Business courses only)? Yes No

Shipping address, if different from above, for videotapes, DVD's, and VCD's (must be within the United States or Canada, or an APO/FPO address)

I certify that, to the best of my knowledge, the information furnished here is true and complete without intent of evasion or misrepresentation. I understand that if it is found to be otherwise, it is sufficient cause for rejection or dismissal. In signing this form, I certify that the information listed above is correct, that I have read and understand the drop, transfer, and refund policy, and that I agree to abide by all policies of Colorado State University and the Division of Continuing Education.

Signature _____ Date _____

REGISTRATION FORM - COURSE

Name _____

Year _____
 Fall _____
 Spring _____
 Summer _____



Course Information

Please complete a separate form for each individual.

Course #	Title	Credits / CEUs	Section #	Dates	Tuition + Fees
Subtotal:					= \$
Other fees per course can include late fees and/or \$40 International fee.....Total Additional Fees:					+ \$
Total Due:					= \$

Payment Information

Tuition and fees for all courses are due with your registration. Please indicate the amount you are paying with each payment method. This amount must equal the Total Due from above.

- Check enclosed (payable to Colorado State University) Amount: \$ _____
- Credit card: MasterCard VISA American Express Discover Amount: \$ _____
 Cardholder's Name _____
 Card Number _____
 Expiration Date ____ / ____
- Financial aid awarded from Colorado State ** proof of award, printed from RAMweb, **must** accompany registration Amount: \$ _____
- Tuition assistance ** appropriate forms **must** accompany registration Amount: \$ _____
- Employer purchase order: PO# _____ ** copy of the PO **must** accompany registration Amount: \$ _____
- Bill my employer ** an authorization letter stating your employer is responsible for payment **must** accompany registration Amount: \$ _____

Employer Billing Address (if different from your mailing address)

 CITY STATE ZIP

Where did you hear about us? (please be specific) _____

Office Use Only: Holds _____ Degree Code _____ PM _____