## CALIFORNIA STATE UNIVERSITY, LONG BEACH COLLEGE OF PROFESSIONAL AND CONTINUING EDUCATION NON-CSULB STUDENT CPaCE SUMMER SESSIONS REGISTRATION FORM

First Name												
Last Name												
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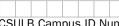
Birthdate (MM/DD/YYYY)

## Mailing Address:



Email Address									
() Phone Number									
Are you a United States citizen or permanent resident? $\Box$ Yes $\Box$ No									
Do you have a bachelor's degree? $\Box$	Yes 🗆 No								

Have you attended CSULB before?  $\hfill\square$  Yes  $\hfill\square$  No



CSULB Campus ID Number. If you are unsure, write N/A.

Are you currently a disqualified CSULB student?  $\Box$  Yes  $\Box$  No

Other name(s) you may have used at CSULB.

ADD or DROP	Session	Class#	Department	Course Number and Name	Instructor	Instructor Approval*	Department Approval**

- \*If instructor approval is needed, please provide proof of approval with either a signature or email confirmation from the instructor.
- \*\*College of Business classes require department approval. Please provide proof of approval with either a signature or email confirmation from the department.

## By signing below, you are agreeing to the following:

- I understand that by submitting this registration form I am requesting to enroll in a CSULB course.
- I have read and understand the Drops and Withdrawals policy.
- I have read and understand the Refunds policy.
- I understand that it is my responsibility to provide the appropriate documentation (including proof of instructor permission and/or transcript(s) in order to enroll in the course.

Signature: \_\_\_\_

Date: \_

OFFICE USE ONLY	Received by:	Processing ID:	
Payment Method:			
Credit Card#		Payment:	
Card Holder's Name		SUMMER SESSIONS FEE \$	
		CAMPUS MANDATORY FEE \$	
Expiration Date	Security Code		
Authorizing Signature		LATE FEE \$	
Check#		PAYMENT PLAN FEE \$	
		TOTAL \$	
□ Other		·····	
Payment Plan			