

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

NON-CSULB STUDENT CPaCE SUMMER SESSIONS REGISTRATION FORM

First Name

Last Name

Birthdate (MM/DD/YYYY)

Mailing Address:

Street Address

City

State

ZIP Code

Email Address

Phone Number

Are you a United States citizen or permanent resident? ☐ Yes ☐ No

Do you have a bachelor's degree? ☐ Yes ☐ No

Have you attended CSULB before? ☐ Yes ☐ No

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

Are you currently a disqualified CSULB student? ☐ Yes ☐ 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#  
Card Holder's Name  
Expiration Date Security Code  
Authorizing Signature

☐ Check#

☐ Other

☐ Payment Plan

Payment:

SUMMER SESSIONS FEE \$ \_\_\_\_\_

CAMPUS MANDATORY FEE \$ \_\_\_\_\_

LATE FEE \$ \_\_\_\_\_

PAYMENT PLAN FEE \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_