

**NON-CSULB STUDENT
CPaCE SUMMER SESSIONS REGISTRATION FORM**

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

SEMESTER:

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CAMPUS I.D.

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SOCIAL SECURITY NUMBER
(new students only)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

LAST NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

FIRST NAME

MI

Enter any other name you may have used at CSULB:

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Last Name

First Name

MI

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Country of Citizenship

Address

Apt. No.

City

State

ZIP

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Primary Phone

Other Phone

Email Address

Date of Birth: Month/Day/Year

Gender

Have you ever applied to CSULB before? Yes No

Have you ever attended CSULB before? Yes No

If YES, enter the **last** term and year you attended a course offered by CSULB: _____

If YES, did you attend CSULB **prior** to Fall 1988: Yes No

Are you currently a disqualified CSULB student? Yes No

Do you have a Bachelor's Degree? Yes No

	*ACTION ADD DROP	CLASS NUMBER	COURSE SUBJECT	SECTION	UNITS	**INSTRUCTOR APPROVAL	DEPARTMENT APPROVAL ** (COB Classes Only)
1.							
2.							
3.							
4.							

*Circle one

**Once classes begin, instructor approval is needed to add a class. Prior to class start, some classes, including COB may also require approval to add. Please visit www.cpie.csulb.edu/summer for more information.

OFFICE USE ONLY

Before Change

After Change

Input by:

Extra Units Petition Received

Payment Method:

Credit Card #: _____

Check #: _____

Card Holder's Name: _____

Other: _____

Expiration Date: _____ Security Code: _____

Payment Plan: _____

Authorizing Signature: _____

Payment:

Summer Sessions Fee: \$ _____

Campus Mandatory Fee: \$ _____

Late Fee: \$ _____

Payment Plan Fee: \$ _____

Total: \$ _____