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

## **Credit Registration Form**

## **Mailing Address:**

6300 State University Drive Suite 100 Long Beach, CA 90815

## **Student Services Center Hours:**

Monday-Thursday 8:00 am-5:00 pm Friday Phone:

(562) 985-5561

				9:00 ar	m-5:00 pm						
Chec	k One:		Campus I.D.					How to Register!			
☐ Spring ☐ Winter ☐ Fall ☐ Summer  Year:		Social Security (New Student Only)				☑ Please submit your completed registration form to CPACE-					
		Birth Date		Today's Date		Info@csulb.edu					
Last Na	ame		F	First Name	M.I	I. (Other N	Name)				
Addres	SS					Ap	ot. No.				
City  ☐ Plea	se chec	ck here if this is	S a change of add	State Idress			ZIP	A separate registration form person who wishes to enro forms, we'll be glad to send	oll. If you	need extra	
()								Schedule Changes: Due to circumstances often beyond our control, the College of Professional and Continuing Education 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.			
Countr	y of Citi	izenship			IT YES, when?			See back of registration form f	or refund in	nformation.	
l wisl	n to er	nroll in thes	e classes:								
Add	Drop Class#		Course	Section	Section Instructor Signature* (If Applicable)		Department Signature* (If Applicable)	Units	Fee		
*Ins	structor pe	ermission required	once class begins an	d for closed or spe	ecial permission classes.			CLASS FEE:			
This	form n	nay not be	used for Ope	n Universit	y classes.			LATE FEE: ID FEE:			
								TOTAL FEES: \$			

Input by

## **Refund and Withdrawals**

Refunds are based on the date an official withdrawal form is submitted to the College of Professional and Continuing Education

- · A refund check will be issued for registration payments made by check. Please allow 4 weeks for processing.
- Credit card accounts will be credited for registration payments made by credit card.

  Please allow two to three weeks for processing.

A delay in submitting required forms may result in a reduced refund.

## **Credit Courses (Extension Credit and Special Sessions)**

### **Refund Requests**

- · Students with appropriate signatures must officially drop their course(s) and submit a refund application form to CPACE
- · Refunds are calculated based on the date the request is received at CPACE
- Please be aware that any outstanding financial obligation to the university (i.e., library fines) may be withheld from your refund.
- If a course is cancelled for any reason, students may transfer their fees to other courses or request a full refund of fees.

### **Refund Schedule**

Day 1 to 25% of the course:

After the 25% mark of a course:

65% refund of total fees

No Refund

Non-attendance, a returned check for non-sufficient funds or stopped payment on a check does not constitute an official withdrawal, nor does it relieve a student's financial obligation for the course.

For refunds due to illness, contact the CSULB Enrollment Services, BH-101 at (562)985-5471. A medical withdrawal must be turned in, please visit web.csulb.edu/depts/enrollment/forms/

#### **Withdrawal Information**

The instructor's signature on a CPACE drop form is required to drop a credit course after the first class meeting. Instructor and department approval are required after 27% of the course time has elapsed, at which time a "W" will be posted on the student's transcript. Please contact CPIE for more information.

Students are obligated to officially withdraw from their courses even though they may not have attended. Withdrawals during the last week of instruction require instructor, department chair, and college dean approval. Only extenuating circumstances will be considered and reviewed for approval by the University Provost.