

Contract Credit Registration Form

Student Information

(Please print clearly.)

To enroll for credit, please complete and return to instructor.
Fees must be paid in full for enrollment to be valid.

Last Name	First Name	Middle Initial	NetID/SSN
Street Address			Date of Birth (required)
City	State		Zip
Home Phone	Work Phone	E-mail	
Employer		Employer Address	
City	State	Zip	
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	

Please sign and date below to verify for official University records that the above information is correct. By signing this application, you consent to have your NetID & activation code e-mailed to the address provided above.

SIGNATURE: _____ DATE: _____

NO REFUNDS ISSUED ON CONTRACT REGISTRATIONS

Course Information

Year: _____ Quarter: Fall Winter Spring Summer

Credit/No Credit Option: To receive credit/no credit instead of a letter grade (for courses offering this option) you must check the appropriate CR/NC column below. If you do not choose an option, you will automatically receive a standard letter grade.

Department	Course No	Course Title	Instructor	Units	Fee	CR/NC
					\$	
					\$	
					\$	

Total: \$

Payment Options

(Check one box)

Personal Check/Money Order (Made Payable to CSUEB)

Paid by Employer: **Attach** either Company/Agency Check or Employer Purchase Order. Employer address information must be provided above.

Office Use Only _____