

CREDIT REGISTRATION FORM

Division of Continuing Education
 1040 Campus Delivery
 Fort Collins, CO 80523-1040
 www.online.colostate.edu

(970) 491-5288
 Toll free: (877) 491-4336
 Fax: (970) 491-7885
 csu_online_registration@mail.colostate.edu



Student

Please print or type.

Full Legal Name _____ CSUID/SSN _____
LAST FIRST MIDDLE (Disclosure of SSN is voluntary)

Mailing Address _____

CITY STATE ZIP Country

Phone (____) _____ Other Phone (____) _____

Email _____ Birth Date ____/____/____ Gender: Female Male
MM DD YY

Employer _____ Title _____

Are you a United States citizen? Yes No Country of Citizenship _____

Type of Visa or Alien Registration No. _____

Shipping address, if different from above, for DVDs and VCDs

Race (select one or more as appropriate - optional)

- American Indian or Alaska Native
- Asian, Japanese, Chinese, Vietnamese, Korean, or Filipino
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White, Anglo, Caucasian

Ethnicity (select one - optional)

- Hispanic/Latino, Chicano, Cuban, Puerto Rican, Mexican American
- Not Hispanic/Latino

To comply with Colorado state law, all males between the ages of *17 years 9 months* and *26 years* must answer the following question: Are you registered with the selective service? Yes No Not Applicable

Have you ever been convicted of a crime, made a plea of guilty, accepted a deferred judgment, been adjudicated, or been required to register as a sex offender? (Misdemeanor traffic offenses are exempt.) If yes, attach an explanation. Yes No

Courses Term Fall / Spring / Summer Year: 20____

Course #	Title	Credits	Section #	Tuition + Fees

In signing this form, I certify that the information listed above is correct. I have read and understand the drop and refund policy of the Division of Continuing Education (applicable to courses offered through CSU Online). I agree to fulfill my financial obligation to and abide by all policies of Colorado State University.

Signature _____ Date _____