



CALIFORNIA STATE UNIVERSITY, EAST BAY

Division of Continuing and International Education

25800 Carlos Bee Blvd, WA 804 | Hayward, CA 94542 | Phone: 510.885.3605 | Fax: 510.885.4817

www.ce.csueastbay.edu

Contract Credit Registration Form

Student Information

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

Last Name	First Name	Middle Initial	NetID/SSN
Street Address			Date of Birth
City	State	Zip	Country
Day Phone	Evening Phone	E-mail	
Employer		Employer Address	
City	State	Zip	Country

Please sign and date below to verify for official University records that the above information is correct.

SIGNATURE: X _____ DATE: _____

Highest Level of Education: High School Diploma/GED Bachelor Degree **Gender:** Male Female
 (REQUIRED - if no selection is made, transcript will default to an undergraduate record.) Some College Master Degree
 Associate Degree Doctorate Degree

Ethnicity: 1- American Indian/Alaskan Native B-South American K-Korean F-Filipino
 2-Black, Non-Hispanic P-Puerto Rican T-Thai H-Hawaiian
 7-White, Non-Hispanic Q-Cuban V-Vietnamese N-Samoan
 3-Mexican-American, Mexico, Chicano 4-Other Hispanic/Spanish Origin R-Asian Indian 6-Other
 A-Central American J-Japanese S-Other Southeast Asian D-Decline

Course Information

Year: _____ Quarter: Fall Winter Spring Summer

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

Department	Course No	Section	Course Title	Instructor	Units	Fee	CR/NC
HDEV	7004	HA	E/C Montessori Philosophy/Theory	Zell Rigg	3.0	\$267.00	

Total: \$267.00

Payment Options

(Check one Box) – NO REFUNDS ISSUED ON CONTRACT REGISTRATIONS

Personal Check/Money Order (Make Payable to CSUEB) Paid by Employer: **Attach** either Company/Agency Check or Employer Purchase Order. Employer address information must be provided above.

Visa or MasterCard#: _____ Expiration Date: _____

PRINT Cardholder Name: _____ Cardholder Signature: _____

Office Use Only

Invoice Cash Check/MO#: _____

Staff Initials _____ Date _____ / _____ / _____

Stamp Here