CALIFORNIA STATE UNIVERSITY, EAST BAY
Division of Continuing and International Education

CAL STATE EAST BAY
CONTINUING EDUCATION

www.ce.csueastbay.edu

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

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	**7011**	**HA**	**E/C Physical & Life Science Curriculum**	**Zell Rigg**	**1.5**	$133.50	

Total: $133.50

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: _____