



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 or 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
 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 choose an option, you will automatically receive a standard letter grade.

Department	Course No	Section	Course Title	Instructor	Units	Fee	CR/NC
HDEV	7022	HA	I/T Mont. Philosophy & Pedagogy II	Zell Rigg	2.5	\$222.50	

Total: \$222.50

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: _____

Office Use Only

Invoice Cash Check/MO#: _____

Staff Initials _____ Date _____ / _____ / _____

Stamp Here