



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:

(REQUIRED - if no selection is made, transcript will default to an undergraduate record.)

- High School Diploma/GED Bachelor Degree **Gender:** Male Female
 Some College Master Degree
 Associate Degree Doctorate Degree

Ethnicity:

- | | | | |
|--|--|--|-------------------------------------|
| <input type="checkbox"/> 1- American Indian/Alaskan Native | <input type="checkbox"/> B-South American | <input type="checkbox"/> K-Korean | <input type="checkbox"/> F-Filipino |
| <input type="checkbox"/> 2-Black, Non-Hispanic | <input type="checkbox"/> P-Puerto Rican | <input type="checkbox"/> T-Thai | <input type="checkbox"/> H-Hawaiian |
| <input type="checkbox"/> 7-White, Non-Hispanic | <input type="checkbox"/> Q-Cuban | <input type="checkbox"/> V-Vietnamese | <input type="checkbox"/> N-Samoan |
| <input type="checkbox"/> 3-Mexican-American, Mexico, Chicano | <input type="checkbox"/> 4-Other Hispanic/Spanish Origin | <input type="checkbox"/> R-Asian Indian | <input type="checkbox"/> 6-Other |
| <input type="checkbox"/> A-Central American | <input type="checkbox"/> J-Japanese | <input type="checkbox"/> S-Other Southeast Asian | <input type="checkbox"/> 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 |
|------------|-----------|---------|------------------------|------------|-------|-----|-------|
| TED | 7409 | | Geometry and Fractions | Zell Rigg | 3 | 267 | |

Total: \$267

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