



# 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	7018	HA	I/T Child Development: Prenatal to 3	Zell Rigg	4.5	\$400.50	

**Total: \$400.50**

### 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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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