

CREDIT REGISTRATION FORM

Division of Continuing Education
1040 Campus Delivery
Fort Collins, CO 80523-1040

(970) 491-5288
Toll free: (877) 491-4336
Fax: (970) 491-7885
www.online.colostate.edu



Student

Please print or type.

Full Legal Name _____ CSUID/SSN _____
LAST FIRST MIDDLE (Disclosure of SSN is voluntary)

Mailing Address _____
CITY STATE ZIP Country

Home Phone (_____) _____ Other Phone (_____) _____

Email _____ Birth Date ____/____/____ Gender: Female Male
MM DD YY

Employer _____ Title _____

Are you a United States citizen? Yes No Country of Citizenship _____

Type of Visa or Alien Registration No. _____

Shipping address, if different from above, for DVDs and VCDs

Ethnicity (select one - optional)

- Hispanic/Latino, Chicano, Cuban, Puerto Rican, Mexican American
- Not Hispanic/Latino

Class Level _____

- Undergraduate: 11= Freshman (0-29 credits)
 21= Sophomore (30-59 credits)
 31= Junior (60-89 credits)
 41= Senior (90+ credits)
 44= Post Bachelor
 45= 2nd Bachelor
- Graduate: 51= Not admitted to Graduate School
 52= Admitted to Graduate School in Master's Program
 61= Admitted to Graduate School in Ph.D. Program

Race (select one or more as appropriate - optional)

- American Indian or Alaska Native
- Asian, Japanese, Chinese, Vietnamese, Koreana, or Filipino
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White, Anglo, Caucasian

To comply with Colorado state law, all males between the ages of 17 years 9 months and 26 years must answer the following question: Are you registered with the selective service? Yes No Not Applicable

Have you ever been convicted of a crime, made a plea of guilty, accepted a deferred judgment, been adjudicated, or been required to register as a sex offender? (Misdemeanor traffic offenses are exempt.) If yes, attach an explanation. Yes No

Courses Term (circle one): Fall / Spring / Summer Year: 20____

Course #	Title	Credits	Section #	Tuition + Fees

In signing this form, I certify that the information listed above is correct. I have read and understand the drop and refund policy of the Division of Continuing Education (applicable to courses offered through OnlinePlus). I agree to fulfill my financial obligation to and abide by all policies of Colorado State University.

Signature _____ Date _____