

NONCREDIT 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 Name _____
LAST FIRST MIDDLE

Address _____

CITY STATE ZIP Country _____

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

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

Employer _____ Title _____

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

Course #	Title	Units (ex. CEUs)	Section #	Tuition + Fees
Total Due:				\$

List any discount codes (received in a special promotion): _____

Payment

Check enclosed (payable to Colorado State University)

Credit card: MasterCard Visa American Express Discover

Cardholder's Name _____

Card Number _____ Expiration Date ____/____

Employer / Sponsor Billing ** appropriate forms **must** accompany registration

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 _____