

# 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.learn.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 videotapes, 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, Korean, 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 and agree to fulfill my financial obligation to the University. I agree to abide by all policies of Colorado State University and the Division of Continuing Education.

Signature \_\_\_\_\_ Date \_\_\_\_\_