

# NONCREDIT REGISTRATION FORM

Division of Continuing Education (970) 491-5288  
 1040 Campus Delivery Toll-free: (877) 491-4336  
 Fort Collins, CO 80523-1040 FAX: (970) 491-7885  
 www.learn.colostate.edu



**Student** Please print or type.

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_  
 \_\_\_\_\_ Country \_\_\_\_\_  
CITY STATE ZIP

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<br>(ex. CEUs) | Section # | Tuition + Fees |
|-------------------|-------|---------------------|-----------|----------------|
|                   |       |                     |           |                |
|                   |       |                     |           |                |
|                   |       |                     |           |                |
|                   |       |                     |           |                |
|                   |       |                     |           |                |
| <b>Total Due:</b> |       |                     |           | \$ _____       |

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 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 \_\_\_\_\_