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

Mailing Address

CITY  STATE ZIP

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

Race (select one or more as appropriate - optional)
☐ American Indian or Alaska Native
☐ Asian, Japanese, Chinese, Vietnamese, Korena, 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 ___________________________