Credit Registration Form

Mailing Address:
6300 State University Drive Suite 100
Long Beach, CA 90815

Check One:
- Spring
- Winter
- Fall
- Summer
Year: 2015

Campus I.D.:
Social Security (New Student Only)

Birth Date
Today's Date

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>M.I.</th>
<th>(Other Name)</th>
</tr>
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Address

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<th>Apt. No.</th>
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City
State
Zip

☐ Please check here if this is a change of address

<table>
<thead>
<tr>
<th>Day Phone</th>
<th>Evening Phone</th>
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Email Address:

Do you have a Bachelor's Degree? ☐ Yes ☐ No

Ever attended CSULB before? ☐ Yes ☐ No

If NO, please circle your class level below:
(1) Freshman (2) Sophomore (3) Junior (4) Senior

If YES, when?

I wish to enroll in these classes:

<table>
<thead>
<tr>
<th>Add</th>
<th>Drop</th>
<th>Class #</th>
<th>Course</th>
<th>Section</th>
<th>Instructor Signature* (If Applicable)</th>
<th>Department Signature* (If Applicable)</th>
<th>Units</th>
<th>Fee</th>
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* Instructor permission required for class credits and for certain or special permission classes.

This form may not be used for Open University classes.

Method of Payment:

☐ Check Enclosed—Made payable to CSULB
☐ MasterCard ☐ VISA ☐ American Express
☐ Other: __________________________

Account Number: __________________________

Expiration Date: __________________________ Security Code: __________________________

PRINT name as it appears on card:

Authorized Signature

Mail to:
Laura Henriques
California State University, Long Beach
Science Education Department - HSCI205
1250 Bellflower Blvd
Long Beach CA 90840

Fax to:
562-985-7164

Scan and email to:
Laura.henriques@csulb.edu

CLASS FEE:

LATE FEE:

ID FEE: __________________________

TOTAL FEES: $ 125.00