HUMBOLDT STATE UNIVERSITY
Office of Extended Education
1 Harpst St., Arcata, CA 95521-8299
Phone (707) 826-3731
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Transcript information recording: (707) 826-6185

HIGH SCHOOL CONCURRENT REGISTRATION FORM

☐ FALL ☐ SPRING ☐ SUMMER Year _____

HSU I.D. Number – or – Social Security Number

☐ male ☐ female

U.S. Citizen ☐ Yes ☐ No

Date of Birth (month day year)

Last Name | First Name | Middle Initial

Mailing Address (Number and Street or P.O. Box)

City | State | ZIP Code

E-mail

Telephone Numbers (include area code)
Daytime ( ) Evening ( )

High School attending:

Add me to the HSU Extended Education mailing list:
☐ YES ☐ NO

I have been previously enrolled at HSU: ☐ YES* ☐ NO

*Enter any other name you have used while attending HSU:

GRADE LEVEL: ☐ JUNIOR ☐ SENIOR

Race/Ethnicity Description

Your voluntary response is requested to comply with Federal and State legislation.

If the California State University system is asked to report only ONE summary race/ethnicity description for you, choose the ONE category below that you want us to report:

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Two or more races/ethnicities
- ☐ Decline to state

Units	Subject Area & Catalog #	Class Number 5-digit code	Course Title/Topic	Principal/ Counselor Signature REQUIRED	Instructor Signature REQUIRED	Dept. Approval REQUIRED	Fees

☐ Cash ☐ Money order or Check (payable to HSU) # _____

☐ Purchase Order (agencies only) *Please attach invoice or billing information.*

Credit Card: ☐ MasterCard ☐ Visa ☐ Discover Enter card number:

Expiration Date ___/___ Security Code (back of card)

For Extended Education use only:
Rec'd by _____
Date _____
Posted ☐

Fees for Classes	
I.D. Fee	
Materials Fee	
Late Fee	
Total Fees	

Cardholder Signature: _____ Cardholder Name (print): _____

REVISED MAY 2010