HUMBOLDT STATE UNIVERSITY
Office of Extended Education
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OVER 60 [Non-matriculated] REGISTRATION FORM

☐ **FALL** ☐ **SPRING** **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 ( )

Major/Professional License
Type & # (if applicable): _____

Please answer the following:
I have completed a Bachelor's Degree (any school):
☐ YES ☐ NO
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: _____

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 Number**	**Class Number** 5-digit code	**Print Instructor Last Name**	**Course Title/Topic**	**Instructor Signature** *required only for Open University classes*	**Department Approval** *required only for Open University classes*	**Fees**

☐ Cash ☐ Money order or Check # _____

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

☐ MasterCard ☐ Visa ☐ Discover

Credit Card Number:

Expiration Date: / Cardholder's Signature: _____ Cardholder Name (print): _____

Make checks payable to HSU

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

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