Cal Poly Humboldt.

College of Extended Education & Global Engagement

1 Harpst St., Arcata, CA 95521 • 707-826-3731 • extended@humboldt.edu • humboldt.edu/extended

CONTRACT CREDIT REGISTRATION FORM

TERM: _____

STUDENT INFORMATION

First Name _____ MI _____ Last Name _____

Mailing Address _____ City _____ State _____ Zip Code _____

E-mail Address (required) _____ Emergency Contact Name and Phone _____

Telephone _____ Mobile Phone _____

_____ _____ / _____ _____ / _____ _____ _____ _____
Birthdate (Required: Used to identify student record)

_____ _____ _____ - _____ _____ - _____ _____ _____ _____
Humboldt ID # or SSN # (Required for credit bearing courses)

Gender: ○ Male ○ Female ○ Other   Have you received a Bachelor's degree or higher? (Required) ○ YES ○ NO

○ Check if you have ever been enrolled at Cal Poly Humboldt/HSU. Enter any other name you have used: _____

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 that you want us to report:

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

COURSE INFORMATION

COURSE TITLE	SUBJECT & CATALOG #	CLASS # (5 digits)	UNITS/CEUs	FEE

ID Fee ($5)	
Late Fee ($25)	
TOTAL	

Advanced registration is recommended. Fees must be paid in full for enrollment to be valid. Incomplete or illegible registration forms may cause delay.

All courses, instructors, locations and fees are subject to change or cancellation without notice.

I have read and fully understand the refund policy and other Extended Education policies outlined in the College of Extended Education & Global Engagement bulletin or website. I understand that enrolling in Extended Education courses does not constitute admission to the University.

Signature _____

Date _____

OFFICE USE ONLY
User Name:
_____
Authorization Code:
_____

PAYMENT

○ **CHECK:** Make payable to Cal Poly Humboldt   ○ **CASH**   **CREDIT CARD:** ○ VISA ○ MasterCard ○ Discover

_____ _____ / _____
Card Number   Expiration Date

_____ _____
Cardholder Name   Cardholder Signature