

Registration Form

Extended Education: Off-Campus Credit Contracts
Division of Continuing Education



(Please print)

Full Legal Name _____ CSUID \ SSN _____
Last First Middle

Mailing Address _____
City State Zip

Home Phon _____ Other Phone _____

Email _____ Birth Date ____/____/____ Gender: Female Male
MM DD YY

Ethnicity (check one - optional)

- African American or Black
- American Indian or Alaska Native
- Asian American
- Hispanic, Chicano, Mexican American, Latino
- Native Hawaiian or Other Pacific Islander
- White, Caucasian, Anglo, not of Hispanic Origin
- Other: _____
- I do not wish to provide this information
-

Class Level _____

- | | |
|--------------------------------|--|
| Undergraduate: | Graduate: |
| 11 = Freshman (0-29 credits) | 51 = Not admitted to Graduate School |
| 21 = Sophomore (30-59 credits) | 52 = Admitted to Graduate School in Master's Program |
| 31 = Junior (60-89 credits) | 61 = Admitted to Graduate School in Ph.D. Program |
| 41 = Senior (90+ credits) | |
| 44 = Post Bachelor | |
| 45 = 2nd Bachelor | |

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

Course Information	X08U MU 696B 732
Group Study: Conducting (Orchestra Conductor Workshop Level I - Participants)	
Credits: 1 cr.	Grading Option: Pass/Fail
Tuition: \$72 + Fees: \$350 = \$422	Dates: 6/22/08 - 6/24/08 (2 wks.)

Payment Information
<input type="checkbox"/> Cash <input type="checkbox"/> Credit Card # _____ Expiration Date ____/____
<input type="checkbox"/> Check # _____ <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA

In signing this form, I certify that the information listed above is correct, that I have read and understand the drop and refund policy on my receipt, and that I agree to abide by all policies of Colorado State University and the Division of Continuing Education.

Signature _____ Date _____