Cal Poly Humboldt.

College of Extended Education & Global Engagement

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HIGH SCHOOL CONCURRENT ENROLLMENT ☐

- Enrollment is on a space available basis, with the consent of the instructor and department.
- Principal/counselor signature is required.

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

COURSE INFORMATION

UNITS	CLASS #	SUBJECT & CATALOG #	COURSE TITLE	INSTRUCTOR SIGNATURE	DEPARTMENT SIGNATURE	FEE

ID Fee ($5) _____

Late Fee ($25) _____

TOTAL 0

PRINCIPAL/COUNSELOR SIGNATURE IS REQUIRED:

Signature _____

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 Humboldt ☐ **CASH** **CREDIT CARD:** ☐ VISA ☐ MasterCard ☐ Discover

Card Number _____ Expiration Date _____/_____

Cardholder Name _____ Cardholder Signature _____

RESET FORM