

HUMBOLDT STATE UNIVERSITY

College of eLearning & Extended Education

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

REGISTRATION FORM: EXTENSION & SUMMER SESSION

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

Gender: Male Female U.S. Citizen: Yes No Have you received a Bachelor's degree or higher? (Required) YES NO

Have you ever been enrolled at HSU? YES NO 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 | INSTRUCTOR SIGNATURE* | CLASS # | UNITS/CEUs | FEE |
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*** Instructor signature is required only for summer session courses with prerequisites.**

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 eLearning & Extended Education 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: _____

ID Fee (\$5) _____

Late Fee (\$25) _____

TOTAL _____

PAYMENT

CHECK: Make payable to HSU **CASH** **CREDIT CARD:** VISA MasterCard Discover

Card Number _____ / _____ Expiration Date

Cardholder Name _____ Cardholder Signature _____