

Last name \_\_\_\_\_ First name \_\_\_\_\_ MI \_\_\_\_\_

Student ID number: \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\*For IRS tax credit reporting purposes and to prevent duplicate records

Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
month day year

Mailing address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Permanent address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Evening phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Email address: \_\_\_\_\_ @ \_\_\_\_\_

Registering as: Graduate \_\_\_\_\_ Undergraduate \_\_\_\_\_ Workshop/Conference \_\_\_\_\_

Course/Courses requested:

REG #	DEPT.	COURSE #	SEC #	COURSE TITLE	INSTRUCTOR

Year: 20 \_\_\_\_\_ Fall \_\_\_\_\_ Jan. Inter \_\_\_\_\_ Spring \_\_\_\_\_ May/June \_\_\_\_\_ Summer \_\_\_\_\_

Payment method: Check \_\_\_\_\_ CC \_\_\_\_\_ Cash \_\_\_\_\_

Visa/MasterCard account # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. \_\_\_\_\_ / \_\_\_\_\_

Cardholder name: \_\_\_\_\_

Make checks payable to: California State University, Chico

Mail payment to: California State University, Chico  
 Center for Regional and Continuing Education  
 Chico, CA 95929-0250

Fax registration form to: (530) 898-4020