



## ELDERCOLLEGE REGISTRATION FORM

Upon completion and approval of this form, please pay the \$85 fee in the Professional & Continuing Education office. Continuing Education accepts VISA, MasterCard, money order, or a check made payable to Chico State Enterprises. A \$10 late fee will be assessed to those enrollments received after the fourth week of the semester.

Term:      YEAR:  
Fall      20  
Spring

NAME:

CHICO STATE ID NUMBER (IF AVAIL.)

Last

First

M.I.

Date of  
Birth:      MM / DD / YY

GENDER:

M

F

Other/  
Non-  
binary

PHONE NUMBER:

EMAIL:

ADDRESS:

House Number & Street

Apt/Bldg

City

State

ZIP

Section

Subject

Course Number

Reg. Number

Instructor

Course Requested:

Instructor Use Only:

Signature

Date

Section

Subject

Course Number

Reg. Number

Instructor

Course Requested:

Instructor Use Only:

Signature

Date

Student Signature:

Date: