



# ELDERCOLLEGE REGISTRATION FORM

Upon completion and approval of this form, please pay the \$75 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 / YYYY

**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

**What LMS will this  
be offered on?**

Blackboard Learn

Canvas

Section                      Subject                      Course Number    Reg. Number                      Instructor

**Course Requested:**

**Instructor Use Only:**

Signature

Date

**What LMS will this  
be offered on?**

Blackboard Learn

Canvas

**Student Signature:**

**Date:**