



# Independent Study Course Registration Form

Email: [extendedstudies@csupueblo.edu](mailto:extendedstudies@csupueblo.edu)  
Phone: 1-800-388-6154, or 719-549-2316  
Fax: 719-549-2438  
Pueblo, CO 81001-490

Mail: Colorado State University-Pueblo  
Extended Studies  
2200 Bonforte Blvd.

## Please check any that apply:

### Self-Pay:

Check  Money Order  Credit Card

Other \_\_\_\_\_

If checked, please make sure payment is filled out on second page, check attached, or cash.

## If you would like this course(s) in print-based format please check this box:

Term you are registering for: Fall Spring Summer, Year: **20** \_\_\_\_\_ Today's Date: \_\_\_\_\_

Major: \_\_\_\_\_ CSU-Pueblo Advisor: \_\_\_\_\_

PID(or) Social Security Number: \_\_\_\_\_ Birthday: \_\_\_\_\_ Gender: \_\_\_\_\_  
Month/ Day/Year

Full Legal Name: \_\_\_\_\_  
Last First Middle Suffix Maiden

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address:(Please PRINT clearly) \_\_\_\_\_

**Note: All information will be sent to this email address, please ensure the address is clearly legible to avoid delays**

### Educational History (Required)

Do you currently or have you previously attended Colorado State University-Pueblo?  No  Yes, When \_\_\_\_\_

Are you currently enrolled in high school? Yes  No

List the *current or last* high school attended: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Dates of attendance: \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_\_ Graduation (mo/yr) \_\_\_\_\_  
From (mo/yr) to (mo/yr) Highest grade completed

Have you earned a GED or equivalent  No  Yes Year: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Have you previously earned a Bachelor's degree or its equivalent?  No  Yes

If yes, Type of Degree: \_\_\_\_\_ Institution: \_\_\_\_\_ Year: \_\_\_\_\_

### Demographics (Required for students without a PID)

#### Ethnicity (Select one):

\_\_\_\_\_ Hispanic/Latino, Chicano, Cuban, Puerto Rican, Mexican American

\_\_\_\_\_ Prefer not to answer

\_\_\_\_\_ Non-Hispanic/Latino

#### Race (Regardless of your answer above, select all that apply):

\_\_\_\_\_ American Indian or Alaska Native (Original Peoples)

\_\_\_\_\_ Black or African American (including Africa and Caribbean)

\_\_\_\_\_ Asian, Japanese, Chinese, Vietnamese, Korean, Filipino (including Indian subcontinent)

\_\_\_\_\_ Native Hawaiian or Other Pacific Islander (Original Peoples)

\_\_\_\_\_ White, Anglo, Caucasian (including Middle East, Persia)

\*\* Students are required to provide payment at time of registration and must update the Independent Study program if there is a change

**Individuals in Independent Studies should read the following thoroughly:**

By signing this, I certify that I am the individual who is listed on this registration form and the sole individual who will complete work towards the awarding of credit for the course for which I am registering. I attest that to the best of my knowledge, the information provided is true and complete. I understand that if the information is found to be otherwise, I may be subject to delay or rejection of registration, loss of credit or dismissal. I understand that I am subject to all academic policies of the University as they relate to enrollment and completion of these courses including, but not limited to all Student Identity Verification and Academic Integrity Policies. I acknowledge that some courses require proctored testing and that there may be additional fees associated with securing proctoring services and understand both the minimum and maximum timelines for the completion of the courses I am registering for. I certify that I am also aware of policies concerning Financial Aid, refunds, grading, drop/add procedures and payment of fees. If I am using Financial Aid, I understand I must comply with Financial Aid policies and deadlines, including Pell Grant regulations and enrollment status. I will need to call 719-549-2753 for this information.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

If applicant is under 18 years of age, a parent or guardian's signature also is required.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please provide consent to release forms/ power of attorney

**Note: Minimum course completion timeline for all courses is equal to two weeks (14 days) per credit hour (6 weeks for a 3 credit hour course). Grades will not be posted until the minimum course completion timeline requirement has been met.**

Dept. Course No.	Title	Credits	Cost	Office use only Call No.

Total Tuition and Fees	Amount Paid by Student at Registration	Method of Payment	Balance Owed by Student	Total Amount Owed by Sponsor	Sponsor Phone Number
\$	\$		\$	\$	

**To be completed by Extended Studies Staff:**

**EXTENDED STUDIES DEADLINES ONLY**

(Specific Deadlines apply to students using Aid)

Date material mailed/emailed to student: \_\_\_\_\_

Term Enrolled: \_\_\_\_\_ Format Enrolled (LBT) (EL) \_\_\_\_\_

\_\_\_\_\_  
CSU-Pueblo Extended Studies Representative Date

Registration Date: \_\_\_\_\_

Completion Deadline: \_\_\_\_\_

Drop Deadline: \_\_\_\_\_

Withdrawal Deadline: \_\_\_\_\_

Please note that cash payments will not be accepted. Please make check/money order payable to: CSU-Pueblo  
If paying by credit or debit card, please complete this section:

Student Name: \_\_\_\_\_ Student PID# \_\_\_\_\_ Amount \_\_\_\_\_

\_\_\_ Visa \_\_\_ MC \_\_\_ Disc Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Name (as it appears on card): \_\_\_\_\_ Authorized Signature: \_\_\_\_\_