



Independent Study Course Registration Form

If you would like your 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: _____

NetID, PID (or) Social Security #: _____ Date of Birth: _____ Gender: _____
Month/Day/Year

Full Name: _____
Last First Middle Suffix Maiden

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Home Phone: _____ Cell Phone: _____ Advocate Phone: _____

Email Address (Please PRINT clearly): _____

Note: All information will be sent to the above address and/or email address, please ensure writing is clearly legible to avoid delays

Educational History (REQUIRED for NEW students only)

Do you currently or have you previously attended Colorado State University Pueblo? [] No [] Yes, When _____

Are you currently enrolled in high school? [] No [] Yes

List the current or last high school attended: _____ City: _____ State: _____

Dates of attendance: ____/____ - ____/____ Graduation date: _____
From (mo/yr) to (mo/yr) Highest grade completed (mo/yr)

Have you previously earned a GED? [] 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 new students without a student NetID)

Ethnicity (Select One):

- [] Hispanic/ Latino, Chicano, Cuban, Puerto Rican, Mexican American
[] Non-Hispanic/Latino
[] Prefer not to answer

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)
[] White, Anglo, Caucasian (including Middle East, Persia)
[] Native Hawaiian or Other Pacific Islander (Original Peoples)

Students 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 understand that all Independent Study course drops and withdrawals must be processed through the Extended Studies office. 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 understand that all payment is required before registration. 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: _____

Note: Grades will not be posted until two weeks after completed course work and requirements have been met.

***There is an additional \$10 fee for a one credit hour print-based course or a \$25 fee assessed for a three credit hour print-based course to provide for printed materials and postage.**

Course Name (BIOL 112)	Title (Nutrition)	Credits (3)	Tuition (\$615.00)	*Fee (\$25)	Office use: CRN

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:

Date material mailed/emailed to student: _____

Term Enrolled: _____ Format: (LBT) (EL)

CSU Pueblo Extended Studies Representative _____ Date _____

EXTENDED STUDIES DEADLINES ONLY

Registration Date: _____

Completion Deadline: _____

Drop Deadline: _____

Withdrawal Deadline: _____

Self-Pay: *Registration may not be processed without payment*

If paying by credit or debit card, please complete this section (Processing fee applies to all card charges):

Student Name: _____ Student NetID/PID#: _____ Amount: _____

Credit Card Type: _____ Credit Card #: _____ Expiration Date: _____ CVV Code: _____

(Visa, MC, Disc, Amex)

Name (as it appears on card): _____ Authorized Signature: _____

If paying by eCheck, please complete this section (\$1.00 processing fee applies to all eChecks):

Student Name: _____ Student NetID/ PID#: _____

Name on Account: _____ Account Type: Savings Checking

Routing Number: _____ Account Number: _____

Amount: _____ +1.00 _____ Authorized Signature: _____

Please make check/money order payable to: CSU Pueblo