Independent Study Course Registration Form

Please check here if using Financial Aid ☐
If checked, a signed Extended Studies Financial Aid Policies Statement page must accompany this registration form for processing.

Term you are registering for: ☐ Fall ☐ Spring ☐ Summer Year: 20___
☐ Early Registration (To be billed to PAWS acct) ☐ Standard Registration (Payment due at registration)

PID/Social Security Number: __________________________ Birthday: __________ Gender: _______

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: Your registration confirmation 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: _________/_______ to _________/_______ Highest grade completed

Graduation (mo/yr) __________

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: ______

What is your primary purpose for enrolling in these courses?
☐ To complete degree requirements for the External Degree Program
☐ For personal educational enrichment not related to the degree completion
☐ To complete degree requirements for another College or University
☐ To complete degree requirements for an on-campus CSU-Pueblo degree

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)
☐ Asian, Japanese, Chinese, Vietnamese, Korean, Filipino (including Indian subcontinent)
☐ Black or African American (including Africa and Caribbean)
☐ Native Hawaiian or Other Pacific Islander (Original Peoples)
☐ White, Anglo, Caucasian (including Middle East, Persia)

Military (If no Military background - please skip):
☐ Active Duty ☐ Reserve ☐ Veteran ☐ Dependent ☐ Other: __________________________

For fastest service please submit your completed registration form
By email to: extendedstudies@csupueblo.edu
or by Fax to: 719-549-2438

Check out our full list of course offerings at www.extendedstudies.csupueblo.edu
For more information in individual courses including books and course requirements check out our
Fast Facts Guide at: http://extendedstudies.csupueblo.edu/IndependentStudy/ScheduleOfCourses

SEE OTHER SIDE
Courses

<table>
<thead>
<tr>
<th>Course Format</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learn by Term*</td>
<td>(To be completed by the last day of the term)</td>
</tr>
<tr>
<td>Extended Learning</td>
<td>(6 months to complete)</td>
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<tr>
<th>Dept.</th>
<th>Course No.</th>
<th>Title</th>
<th>Credits</th>
<th>Cost</th>
<th>Office use only</th>
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<tbody>
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**Students using Financial Aid must enroll in the Learn by Term option when available to conform to Financial Aid completion timelines**

For Extended Learning Classes only: If you prefer your course information to be mailed to you rather than e-mailed check this box. ☐

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 _________________

To be completed by Extended Studies Staff:

Date material mailed/emailed to student: ___________

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

CSU-Pueblo Extended Studies Representative ___________ Date _________________

<table>
<thead>
<tr>
<th>Total Tuition and Fees</th>
<th>Amount Paid By Student at Registration</th>
<th>Method of Payment</th>
<th>Balance Owed By Student</th>
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EXTENDED STUDIES DEADLINES ONLY

(Additional Deadlines apply to FA/TA students)

Registration Date: _________________

*Completion Deadline: _________________

Drop Deadline: _________________

*Withdrawal Deadline: _________________

Date material mailed/emailed to student: ___________

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

CSU-Pueblo Extended Studies Representative ___________ Date _________________

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<tr>
<th>Total Amount Owed by Sponsor</th>
<th>Sponsor Number</th>
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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# ___________________________

___ Visa ___ MC ___ Disc Credit Card Number: ___________________________ Expiration Date: ______ CVV Code: ______

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

For office use only:

Date of Transaction: ___________ By: ___________ Result: ___________ Amount Charged: ___________