



Independent Study Course Registration Form

Email: extendedstudies@csupueblo.edu
Phone: 1-800-388-6154, or 719-549-2316
Fax: 719-549-2438

Mail: Colorado State University-Pueblo
Extended Studies
2200 Bonforte Blvd.
Pueblo, CO 81001-4901

Please check here if using Financial Aid ☐

If checked a copy of your Financial Aid Award Letter and signature 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: _____
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: 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 _____
From (mo/yr) To (mo/yr) Highest grade completed

Dates of attendance: ____/____/____ ____/____/____ 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 ☐ To complete degree requirements for another College or University
☐ For personal educational enrichment not related to the degree completion ☐ To complete degree requirements for an on-campus CSU-Pueblo degree

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)

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>

Over →

Courses

Course Format (One Must be Selected)		Dept. Course No.	Title	Credits	Cost	Office use only Call No.
Learn by Term**	Extended Learning					

****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 to the best of my knowledge, the information provided is true and complete. I understand that if found otherwise, my registration is subject to rejection. I certify that I am 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: _____

EXTENDED STUDIES DEADLINES ONLY

(*Additional Deadlines apply to FA/TA students)

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

____ Early Registration _____ Standard Registration

CSU-Pueblo Extended Studies Representative Date _____

Registration Date: _____

*Completion Deadline: _____

Drop Deadline: _____

*Withdrawal Deadline: _____

Total Tuition And Fees	Amount Paid By Student at Registration	Method of Payment	Balance Owed By Student
\$	\$		

Total Amount Owed by Sponsor	Sponsor Number

If paying by Credit Card please complete this section:

Student Name: _____ Student PID# _____

____ Visa ____ MC ____ Disc Credit Card Number: _____ Expiration Date: _____

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

For office use only:

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