



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 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: ☐

Military (If no Military background - please skip):

__ Active Duty __ Reserve __ Veteran __ Dependent Other: _____

Term you are registering for: ☐ Fall ☐ Spring ☐ Summer Year: 20_____

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 _____

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: _____

Demographics (Required for students without a PID)

Ethnicity (Select one):

Prefer not to answer ☐

__ Hispanic/Latino, Chicano, Cuban, Puerto Rican, Mexican American

__ 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)

Individuals in Independents Studies should read the following thoroughly:

**** Students that self-pay have open enrollment with 6 months to complete their course from the point of registration.**

By signing this, I certify that I am the individual who is listed on this registration from 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.

To be completed by Extended Studies Staff:

EXTENDED STUDIES DEADLINES ONLY

Date material mailed/emailed to student: _____

(Specific Deadlines apply to students using Aid)

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

Registration Date: _____

Completion Deadline: _____

Drop Deadline: _____

Withdrawal Deadline: _____

CSU-Pueblo Extended Studies Representative

Date

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

Total Amount Owed by Sponsor	Sponsor Number

**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: _____