

Last Name _____ First Name _____ Middle _____

CSUF University Extended Education

COURSE REQUEST/CHANGE FORM

Semester Spring Summer Fall Winter

Date: _____

CWID # (campus wide ID)

If you do **not** have a CWID, or cannot remember it, please list the following:

Social Security Number

Birthdate (mm/dd/yyyy)

(For office use only)

CMS _____ CASHNET _____

Bio Updated

Please mark your preferred number below:

Street Address _____

Mobile Phone #

Male Female

City _____ State _____ Zip _____

Home Phone #

Email Address _____

Business Phone # _____ Extension _____

ADD/DROP

Add	Drop	Class Number	Units	Grade Option ^(a)	Subject Area & Catalog Number (example BIOL 310)	Instructor's Signature	Department Stamp ^(b) (Required according to registration deadlines or for closed & restricted classes)	Date	Fee
<p>(a) Grade option: Enter 1 for letter grade; enter 2 for CR/NC; enter 3 for audited classes. (b) Required only for registration on or after the first class meeting or published deadline.</p>									Total Fees for Above Classes Late Fees (Checks not accepted for late registration) Total Fees

For parking fees and information, visit www.parking.fullerton.edu

Photo identification required for payment by credit card or check (payable to CSUF).

Last 4 Digits of Card Number Only _____ Provide complete card number in person or by phone at time of registration. Expiration Date _____

Check one: Visa MasterCard Discover American Express

Print name of cardholder _____ Billing Zip Code

Cardholder Signature (Authorization to charge) _____