

# Contract Education Program Registration Agreement



**SACRAMENTO STATE**  
COLLEGE OF CONTINUING EDUCATION

For CEU/Non-Credit Courses

Please submit registration form to: College of Continuing Education, 3000 State University Drive East, Sacramento, CA 95819-6103 Attention: Information and Registration Services.

For your convenience you may also phone in your registration to (916) 278-4433.

- Registration and payment must be received no later than two weeks following the last class meeting.
- Please check with your district office regarding whether or not they will accept these units toward salary advancements.
- Refund requests will not be accepted. This policy applies to all non-credit, and CEU contract courses.
- For more information on the College of Continuing Education refund policy please go to [www.cce.csus.edu](http://www.cce.csus.edu).

**PLEASE PROVIDE THE FOLLOWING INFORMATION:**

Name - Last \_\_\_\_\_ First \_\_\_\_\_

Home Address (Number, Street, Apt.) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Birthdate \_\_\_\_\_ Sex  Male  Female

Highest level of education completed:

- High School     A.A.     B.A./B.S.     M.A./M.S.     Ph.D.  
 Trade School/Other     Some College

**COURSE INFORMATION**

5-DIGIT COURSE CODE	COURSE TITLE	DATES
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<b>PAYMENT</b>	
<input type="checkbox"/> Check - payable to CSUS College of Continuing Education	Card Number _____
<input type="checkbox"/> Visa	Expiration Date _____
<input type="checkbox"/> Master Card	Amount _____
<input type="checkbox"/> Discover	Name of Cardholder _____
	Cardholder's Signature _____