

Continuing Education

25800 Carlos Bee Blvd., SF 102 | Hayward, CA 94542 | Phone: (510) 885-3605 | ce.csueastbay.edu

Graduate Study Completion Registration Form

Student Information

To enroll for credit, please complete and return to Continuing Education. Fees must be paid in full for enrollment to be valid. Email completed forms to: ce.studentservices@csueastbay.edu

Last Name	First Name	Middle Initial		NetID	
Street Address				Date of I	Birth
City			State	Zip	
Home Phone	Work Pho	ne	E-mail		
Please sign and dat	te below to verify for offic	cial University records that the	e above information i	s correct as well	as confirming:
graduate degree	and may not return to that sto	aving matriculated status because I utus for the duration of my program at all units do not need to be comple	. This includes all acade	mic courses, thesis i	units and/or
SIGNATURE:				DATE:	
GRAD. COORD. OI	R DEPT. CHAIR SIGNAT	URE:		DATE:	
Course Information	on Year:	Term:	Fall Spring	☐ Summer	
This course is offered	as credit or no credit (CR/NC	C) only.			
Department Course			Units		Total Fee
890	HA Gradu	ate Study Completion	1.0		\$134.00
Payment Option	s (Check one box.)	NO REFUNDS ISSUED			
Personal Check/M	Ioney Order (Made payable to	CSUEB) Paid on CashNo	et via MyCSUEB		
Department Signate	ure & Stamp				Date
•	•				
Office Use Only	□ Invoice □ Cash	□ Check/MO#:			
Staff Initials	Date /				