



# CENTRAL WASHINGTON UNIVERSITY

400 EAST UNIVERSITY WAY • ELLENSBURG, WA 98926-7433 • WWW.CWUCE.ORG  
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## OFFICE OF CONTINUING EDUCATION REGISTRATION FORM

**\*\* PLEASE COMPLETE ALL FIELDS OR REGISTRATION WILL NOT BE PROCESSED \*\***

~ Please print clearly ~

### A: PERSONAL INFORMATION

Social Security Number ♦				CWU ID Number (if known)				Quarter		Year	
Last Name				First Name				Middle		Former Name	
Preferred Mailing Address				City				State		Zip	
Daytime Phone Number				Cell Phone Number				Home Phone Number		E-Mail Address	

### B: BIO/DEMOGRAPHICAL INFORMATION

Gender		Birth Date (mm/dd/yyyy)		Are you an US Citizen?				Country of Citizenship	
<input type="checkbox"/> Male	<input type="checkbox"/> Female			<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, do you have a Permanent Resident/Green Card? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Ethnic Origin (Required for State and Federal Statistics and requested on a voluntary basis. Answers will remain confidential)									
<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Hispanic <input type="checkbox"/> White (not of Hispanic origin) <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black (not of Hispanic origin) <input type="checkbox"/> Other									

### C: EDUCATION INFORMATION

B.A. / B.S. degree?		Student Category							
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> New student / First Registration		<input type="checkbox"/> Former Student / Returning			<input type="checkbox"/> Last Quarter Attended _____		
School District (if applicable)									

### D: REGISTRATION INFORMATION

Course Prefix/Suffix	Course ID #	Title	Credits	Start Date	City	Instructor

**Please Note:** Professional Development "500" courses are not applicable to degrees, institutional requirements for endorsements or teaching certificates offered through Central Washington University.

Central Washington University no longer mail grade reports. Go to [www.cwu.org/conted](http://www.cwu.org/conted) for more information on viewing grades and ordering official transcripts.

I understand if I am unable to complete the course, it is my responsibility to notify, in writing, the Office of Continuing Education immediately to withdraw. Failure to do so may result in a failing grade. Submission of this registration form obligates me for payment of tuition and fees at the time of registration. See Refund Policy at [www.cwu.org](http://www.cwu.org).

♦ By law, providing your Social Security number is optional, but it expedites the processing of your application.

Signature				Date			
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### E: PAYMENT

Tuition / Fees Due:		\$	Method:	<input type="checkbox"/> Check # _____	<input type="checkbox"/> Credit Card*	*Credit card payments must be made directly with the Office of Continuing Education Monday – Friday, 8am – 5pm				
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For CE Office use only    PAY SUM \_\_\_\_\_ REGISTERED \_\_\_\_\_ REGISTRATION TAKEN BY: \_\_\_\_\_