PORTLAND STATE UNIVERSITY CONTINUING EDUCATION COOPERATIVE AGENCY CREDIT REGISTRATION FORM PSU ID# (if previously attended PSU)

THIS IS THE REGISTRATION FORM FOR PSU CREDIT. PLEASE MAIL THIS REGISTRATION FORM TO THE FOLLOWING: PSU/Control	PLEASE PRINT DATE			Date of Birth (REQUIRED): Month Day Year
PO Box 1629 Portland, OR 97207-1629	LAST NAME NEW?	FIRST	MIDDLE	PREVIOUS NAMES
DO NOT SEND PAYMENT WITH THIS FORM. YOU WILL BE BILLED BY PSU FOR COURSE COSTS.	HOME ADDRESS NEW?		(If previous records are unde	er a different name, please include other name.)
INFORMATION: In Portland: 503-725-4825 Tollfree: 1-800-547-8887 ext 54825 Fax: 503-725-4737	CITY STATE	ZIP	DAY PHONE	EVENING PHONE
	PREFERRED EMAIL	EMAIL	FAX	
Non-admitted students may take up to 8 credits in each of fall, winter, and spring terms; and up to 21 in summer. Admitted graduate students are limited to a maximum of 16 credits in each of all four terms, unless otherwise approved. All University policies apply. Please call 503-725-3511 for PSU admission/re-enrollment information.	PLEASE RESPOND TO THE FOLLOWING (OP Do you have a b Male Yes No	achelor's degree?	rermanent U.S. resident H H H tudent visa or other visa P P P B B B I A W V	sian lispanic acific Islander lack, Non-Hispanic merican Indian or Alaska Native White, Non-Hispanic Other ecline to respond
	TERM YEAR		# of Pass/ credits No pass Audit	A-F Noncredit \$
COURSE # COURSE TITLE		DEPT Ug/Gr	# ofPass/Audit	A-F Noncredit \$
COURSE # COURSE TITLE		DEPT Ug/Gr	# of	A-F Noncredit \$
COURSE # COURSE TITLE		DEPT Ug/Gr		PSU FEE TOTAL
STUDENT SIGNATURE (required)				IT WITH THIS REGISTRATION FORM. PSU for course costs.