California Lutheran University
Adult Degree Program

CLU ID# | | | | | | | |

Name _____
Last First Middle Former

Home Address _____

_____
City State Zip Code

Is this a new address since your last registration? ❑ Yes ❑ No

Employer _____

Business Address _____

_____
City State Zip Code

Is this a new address since your last registration? ❑ Yes ❑ No Major _____

ADEP TERM
❑ Fall 20 _____
❑ Winter 20 _____
❑ Spring 20 _____
❑ Summer 20 _____

❑ Male ❑ Female

Home Telephone (_____) _____
Area Code

Business Telephone (_____) _____
Area Code

E-mail Address _____

Dept.	Course No.	Sect. No.	Course Title	Cr.	Time	M	T	W	Th	F	Instructor
			Total Credits								

APPROVED

REG.	FIN. AID	BUS. OFF.	CON. ENR.

I accept financial responsibility for my CLU enrollment, including interest that will accrue at the rate of 1.25% monthly (15% per annum) on any unpaid balance.

STUDENT SIGNATURE _____ Date _____

ADEP.4950.06.08.2000

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