

2002 REGISTRATION FORM

Chicago State University
CONTINUING EDUCATION - OPTIONS PROGRAM

Course #/ Section	Course Title	Day	Time	Fee
Total				

Student's Name _____ If minor, parent's name: _____

Address: _____ City: _____ State/Zip: _____

Day phone: _____ Evening phone: _____

Master Card #- _____ Expiration Date: _____

Visa Card #- _____ Expiration Date: _____

Discover Card #- _____ Expiration Date: _____

Name on Card: _____ Social Security No. _____

If I decide to withdraw from the above class(es), I must notify you before the first class meeting. I understand that I am voluntarily engaging in activities offered under the Options Program and in so doing assume all risk of injury, illness, damage, or loss that may be associated with such activity.

Signature: _____ Date: _____

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