PAYMENT FORM FOR CAL STATE USB REGISTRATION FEE

Please mail or fax to
Colorado Consulting Services
5320 E. Dakota Avenue Denver, CO 80246 **FAX: 303-388-6610**

Course Title: _____

Registration Date: _____ **Number of Course Credits (Check one)**

2 credit hrs ☐ **$150**

Course Type _____
(Online or Classroom Contact)

4 credit hrs ☐ **$300**

Important! ***CSUSB course titles can be taken for either 2 or 4 semester hours of credit. The CCS registration fee is $150 for a 2 hr. course or $300 for a 4 hr. course. Once CCS receives this payment form, a CSUSB Registration Form will be mailed to you and you will pay remaining CSUSB tuition fees directly to CSUSB.***

Student Name: _____ _____ _____
First *M.I.* *Last*

Birth Date: _____

Home Address: _____
Street

_____ _____ _____
City *State* *Zip Code*

Phone: _____Email: _____

If paying by personal check, please make check payable to Colorado Consulting Services, Inc.

CREDIT CARD COUPON

Name: _____Phone #: _____

Method of Payment (circle one): VISA MASTERCARD DISCOVER CARD

____/____/____/____/____/____/____/____/____/____/____/____/____/____/____/____/

Expiration Date (month/year): _____/_____

Amount: $_____

Signature: _____ Date: _____