

**BOISE STATE UNIVERSITY / CEU REGISTRATION**

Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Student ID# (if applicable) \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Office Phone \_\_\_\_\_

Course Title \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

Student has successfully completed course

No of C.E..U.	
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\_\_\_\_\_  
Instructor / Coordinator Signature

Registration fee paid \_\_\_\_\_