



# OFFICE OF GRADUATE STUDIES

## GRADUATE CONTINUOUS ENROLLMENT FORM

### Permission to Enroll in University 9000

Name \_\_\_\_\_ CIN# \_\_\_\_\_

has been advanced to candidacy and has completed all coursework for a Master's Degree in

\_\_\_\_\_, College of \_\_\_\_\_  
*Name of Program*

and is eligible for, and has permission to enroll in University 9000 through the College of Professional and Global Education.

The student understands that he/she may not be enrolled in any other course.

Semester \_\_\_\_\_ Year \_\_\_\_\_

Department Graduate Advisor \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_



**California State University, Los Angeles** • College of Professional and Global Education  
5151 State University Drive, Los Angeles, CA 90032-8619

**Registration**

### GRADUATE CONTINUOUS ENROLLMENT

Term \_\_\_\_\_ Year \_\_\_\_\_

Class #	Dept/Course No.	Section	Item Type	Units	Course Title	Fee
	UNIV 9000	90	93150	0	Thesis Research for Continuous Enrollment	350.00
<b>TOTAL \$</b>						<b>350.00</b>

**For Cashier's Use Only**

Student signature \_\_\_\_\_ Date     /     /      
*mm/dd/yyyy*

Last name \_\_\_\_\_ *Please Print* First name \_\_\_\_\_

CIN # \_\_\_\_\_ Gender  M  F

Payment (please check one):

Cash  Check/Money order  MasterCard (complete section below)  VISA (complete section below)

#### Cal State LA • College of Professional and Global Education • Payment Authorization

Credit card number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Security Code \_\_\_\_\_ Expiration date     /     /     Amount \$ \_\_\_\_\_  
*mm / yyyy*