



CONTINUING EDUCATION REGISTRATION

PERSONAL INFORMATION

*Indicates Required Field

LLU ID# or Social Security Number:* _____

Name: Last* _____ First* _____ Middle _____

LLU School:* _____

Mailing Address:

Address* _____

City* _____ State* _____ Zip* _____ Country _____

CONTINUING EDUCATION REGISTRATION

Sex:* Male Female Date of Birth:* (MM/DD/YYYY) _____ / _____ / _____

Ethnic Background:* American Indian/Alaska Native Asian Pacific Islander Black/non-Hispanic Hispanic Indian Subcontinent White/non-Hispanic

Country of Citizenship:* _____ State or Country of Birth:* _____

Religious Preference: _____ If SDA, list conference: _____

Place of Employment: _____

Occupation _____ Professional Reg. No. _____

Policy:

- 1. Continuing education units may not be applied toward a degree program at Loma Linda University.
2. One Continuing Education Unit (CEU) is equivalent to 10 Contact Hours.

Term:

Quarter:* _____ Year:* _____

Course Information:

Table with 6 columns: Prefix, Number, Course Title, Contract Hours, Grade, Instructor's Signature

Location of Program: Loma Linda Campus Other (list) _____

Beginning Date of Course: _____ / _____ / _____ Ending Date of course: _____ / _____ / _____

Prior Enrollment Information:

Are you currently enrolled at LLU in an Academic Program? No Yes

Have you previously enrolled in LLU in an Academic Program or CEU Course? No Yes If yes, what year? _____

REQUIRED SIGNATURES

Student: _____ Date: _____ / _____ / _____

Dean's Office or Program Director: _____ Date: _____ / _____ / _____

FOR OFFICE USE ONLY

Fee: _____ Paid: _____ Signature: _____

If you have any questions please email Registrar@llu.edu or call (909) 558-4508 or (800) 422-4558