

Register Today

Chicago State University - Continuing Education - Summer 2025

Options

No/Sec.	Course Title	Day	Time	Fee

Student's Name _____

Is this your first Options class? _____ Are you attending CSU? _____

If a minor, parent's name _____

Is parent currently attending CSU? _____ Email address: _____

Address _____

City _____ State _____ Zip _____

Day phone _____ Evening phone _____

If I decide to withdraw from the above class(es), I must notify the Division of Continuing Education 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 _____

