



REGISTRATION FORM

Payment must accompany registration form.

Term: Fall Summer
Winter Spring
Year

Today's Date (MM/DD/YYYY):

Sex: Male Female U.S. Citizenship: Yes No
CSUB ID# (new students use SSN#):

Where is your permanent residence? California Out of State Foreign

Date of Birth (MM/DD/YYYY)

Last Name First Name M.I.

Address - Number and Street

City State Zip County of Residence

If the above is a new address please check box and sign _____ Phone Number:

Highest class level achieved or degree obtained: (0) No prior college (1) Freshman (0-44 units) (2) Sophomore (45-89 units)
(please circle) (3) Junior (90-135 units) (4) Senior (135 or more units) (5) Bachelor's degree
(6) Master's Degree (7) Doctoral Degree

Have you ever been a student at CSUB? Yes No Email Address:

Enter your ethnic identity code in box (optional):

- 1 - American Indian or Alaskan Native; tribe _____
- 2 - Black, non-Hispanic, including African American
- 3 - Mexican American, Mexican, Chicano
- A - Central American
- B - South American
- Q - Cuban
- P - Puerto Rican
- 4 - Other Latino, Spanish-origin, Hispanic
- C - Chinese
- J - Japanese
- K - Korean
- R - Asian Indian
- 5 - Other Asian
- M - Cambodian
- L - Laotian
- V - Vietnamese
- T - Thai
- S - Other Southeast Asian
- G - Guamanian
- H - Hawaiian
- N - Samoan
- 6 - Other Pacific Islander
- 7 - White
- F - Filipino
- 8 - Other
- 9 - No Response
- D - Decline to State

List courses for which you are registering:

Class NBR	Dept & Course No.	Course Title	Instructor	Units	Cost
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Payment Method: Visa Mastercard Check Money Order Financial Aid

Credit Card Number: _____ Expiration Date: _____

Authorized Signature: _____ Total Charge Authorized: \$

I agree to abide by the academic, payment & refund policies governing these courses as printed in the CSUB Catalog. If my payment by check or credit card is not paid by the bank, I am still responsible for all course fees. I authorize the Extended University to change my record, if necessary, to reflect the above information. Refund checks must be requested by calling the Extended University Office during office hours according to the university refund policy.

Signature: _____ Date: _____

The Extended University Division does not discriminate on the basis of race, color, national origin, marital status, sex, religion, disability, veteran status, pregnancy, or sexual orientation in the educational programs or activities it conducts. Students admitted to the program with physical, perceptual, or learning disabilities will be given the necessary accommodations provided their disability has been verified by the CSUB Office of Services for Students with Disabilities (661-654-3360).

For EUD Use Only					
Fees Paid: \$	Date:	Form Received By:		Registered By:	
Processed By:	Receipt #:	Date:		Date:	