

REGISTRATION FORM

CALIFORNIA STATE UNIVERSITY, BAKERSFIELD - EXTENDED UNIVERSITY DIVISION

Payment must accompany registration form.

Term: Fall Summer
 Winter
 Spring Year

Sex: Male Female

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

U.S. Citizenship: Yes No

CSUB ID# (new students use SSN#):

Where is your permanent residence? California Out of State Foreign

Date of Birth

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 Where did you learn about Extended University Courses? Flyer Tradeshow

Enter your ethnic identity code in box (optional):

Friend CSUB Website

Other _____

- 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:

| CRN | Dept. | Course No. | Course Title | Instructor | Units | Cost |
|-----|-------|------------|--------------|------------|-------|------|
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Nondiscrimination Policy: EUD does not discriminate on the basis of race, color, national origin, sex, physical handicap, or sexual orientation in the educational programs or activities it conducts. Students admitted with physical, perceptual or learning disabilities will be given necessary accommodations provided that their disability has been verified by the CSUB Office of Services for Students with Disabilities (661-654-3360).

Payment Method (choose one): Visa Mastercard Check Money Order Financial Aid Total Authorized:

Card #: _____ Authorized Signature: _____ Expiration Date: _____

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 _____

| | | | | |
|------------|-------|----------------|--------------|------------|
| Fees Paid: | Date: | Received from: | Received by: | Receipt #: |
|------------|-------|----------------|--------------|------------|