

CSUB STUDENT FINANCIAL AID CONSORTIUM AGREEMENT FORM

CSUB Extended University Division
 California State University, Bakersfield
 9001 Stockdale Highway
 30-BDC
 Bakersfield, CA 93311-1022
 PH. 661-654-2441
 FX. 661-654-2447



CALIFORNIA STATE UNIVERSITY, BAKERSFIELD - EXTENDED UNIVERSITY DIVISION
<http://www.csub.edu/eud>

First Name **M.I.** **Last Name** **CSUB ID#**

Address **City** **State** **Zip**

Daytime Phone

Evening Phone

I would like to participate in the Extended University Division's Tuition Deferment Program. Under this program, I will pay 50% of the Extended University tuition for those courses for which I have registered, along with the administrative fee of \$35 per course at the time I register. I will be able to defer the balance of my tuition (50%) until the due date of _____. If I register past the tuition due date, a late fee of \$25 per course may also be assessed. If a payment has not been received by the payment due date, a late fee amounting to seven percent (7%) of the unpaid balance will be added to the total due.

If the bill has not yet been paid by the last day of classes at the end of the term, I realize that I will be unable to register for the next term, my grades and transcripts will be withheld, and I will forfeit any monies which may normally be due me under the Extended University's refund policy. Furthermore, I realize that both the California State University system and the Extended University Division may withhold any and all of their services from me and may at their sole discretion seek to recover damages through the employment of a collection agency, the judicial system, and/or any other legal remedy available.

CRN	Course Number	Title of Course	Units	Tuition
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Quarter _____ Year _____

Total Tuition: \$ _____
Administrative Fees: \$ _____
Late Fee: \$ _____

First Payment: (1/2 of Tuition, plus \$35 per course Administrative Fee)

\$ _____ Date _____ Receipt No. _____
 Paid by: Cash Check No. _____ VISA/MC _____ Exp. Date _____

Second payment: (1/2 of Tuition)

\$ _____ Date _____ Receipt No. _____
 Paid by: Cash Check No. _____ VISA/MC _____ Exp. Date _____

You will not receive a bill for this second payment. Payments must be received no later than the date listed above.

Student's Signature **Date** **Dean, Extended University Division** **Date**

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).