



I would like to participate in the Extended Education Fee Deferment Payment Plan Program. Under this program I will pay 1/5 of my tuition for those courses that I have registered along with the administrative fee of \$35.00. Installment 1 will be due at the time of my registration and will include the administrative fee. Installment 2 (1/5 of fees) will be due on the 5th day of the second month of the semester. Installment 3 (1/5 of fees) will be due on the 5th day of the third month of the semester, so on and so forth until all fees are paid. If I register past the due date, a late fee of \$25.00 may also be assessed. If payment is not received by the scheduled due date, a late fee of 7% of the unpaid balance will be added to the total amount due. If balance owed has not been paid by the last day of classes, I will be unable to register for the next term, my grades and transcripts will be withheld, and I will forfeit any refund eligibility under the Extended Education Refund Policy. Additionally, both the California State University System and Extended Education 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. I agree to pay the deferred portion of my fees by the due dates listed below. **INITIAL HERE:** _____

CSUB Student ID#: _____ **Session:** Fall ____ Winter ____ Spring ____ Summer ____ Year: _____
(YYYY)

Last Name: _____ First Name: _____ M.I. _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone: _____ E-Mail: _____

Registration Fees – Fall Semester Only

Class Nbr	Course Subject / Catalog Number / Title	Units	Fee
	NURS 8010 – Intro to Pharmacy Technician	8	\$ 1500.00
	NURS 8020 – Intro to Pharmacology	8	1500.00
	Administrative Fee		\$ 35.00
	Late Fee (if applicable)		
	Subtotal		
Installment	Due Date	Total	
1	Due at time of registration		
2	Due 5 th day of the second month of semester		
3	Due 5 th day of the third month of semester		
4	Due 5 th day of the fourth month of semester		
5	Due 5 th day of the fifth month of semester		

You will not receive a separate billing for this amount before the due dates and it is your responsibility to make payments based on this contract. If you have questions or cannot make the scheduled payments, contact our office at (661) 654-2441.

My signature indicates that I have read this contract and agree to all its terms.

Student's Signature Date

Extended Education Approval Date