

REGISTRATION FORM

9001 Stockdale Highway – 30BDC Bakersfield, California 93311

661.654.2441 | 661.654.2447 (f) extended.csub.edu

TERM: Fall	☐ Spring	YEAR:		CSUB Student ID or SSN#:					
☐ Sum	nmer		уууу	Have yo	ou ever attended	l CSUB? [Yes No		
FIRST:			M.	I.: LA	AST:				
DOB:/	/	SEX:	Male 🗌	Female					
ADDRESS:									
CITY:	STATE: ZIP: CC						ITY:		
PHONE:		EM	AIL:						
1 – American Indian o Tribe:	F EDUCATION: YOUR ETHNIC IDENTITY or Alaskan Native; iic, including African American n, Mexican, Chicano nish-origin, Hispanic	Yes California No Prior Colleg CODE (optional):	e 🗌 Soi	t of State	casian F – I G – se H – erican J – J rican K –	Filipino Guamanian Hawaiian apanese Korean Laotian	N – Samoan P – Puerto Rica Q – Cuban R – Asian Indiar S – Other South T – Thai	n n neast Asian	
o other racine islan		TO B	E COMDI E	TED BY THE STU		Camboulan	V Victiminese		
Class Number	Course Department & I	1	Section		ırse Title		Instructor's Name	Fee	
Example: 82984	24 COMM 3000		126	Theories of	Theories of Communication		Dr. D. Simmons	\$900	
							TOTAL FEES.		
governing these course Extended Education ar	ditions of this registration tran es as printed in the CSUB Cata ad Global Outreach (EEGO) to	log. If my payment by c change my record, if no	credit card, che ecessary, to re	eck, or financial aid is r	not paid by the bank, ation.	I am still res	ponsible for all course fees.	I authorize	
SIGNATURE:					DATE:				
				IENT METHOD	IOT ACCEPT DAY	NACNITC V	VIA DUONE FAV OR EN	4011	
Payments r	nust be submitted to EEGO at							/IAIL.	
FINANCIAL AID	ГҮРЕ:	C	HECK, MONE	EY ORDER, OR CERTI	FIED CHECK #:		AMOUNT: \$		
CREDIT CARD									
CREDIT CARD INFORMATION							FOR OFFICE USE ONLY (INITIAL & DATE)		
CARD TYPE:								112)	
CARDHOLDER NAME (AS SHOWN ON CARD) CARDHOLDER SIGNATURE X							RECEIVED BY: PAYMENT PROCESSED BY:		
EXPIRATION DATE	EXPIRATION DATE BILLING ZIP C				ED AMOUNT		TRANSACTION #:		
CARD NUMBER				\$			AMOUNT PAID: \$		