



**EXTENDED EDUCATION AND
GLOBAL OUTREACH
CSU BAKERSFIELD**

OPEN UNIVERSITY REGISTRATION FORM

9001 Stockdale Highway – 30BDC
Bakersfield, California 93311

661.654.2441 | 661.654.2447 (f)
extended.csusb.edu

TERM: Fall Spring Summer Winter YEAR: _____ CSUB STUDENT ID OR SSN#: _____ HAVE YOU EVER ATTENDED CSUB? Yes No
YYYY

LEGAL NAME: _____ BIRTHDATE: ____/____/____ SEX: Male Female Nonbinary
FIRST NAME / M.I. / LAST NAME mm dd yyyy

MAILING ADDRESS: _____
STREET ADDRESS/P.O. BOX APT/SUITE/UNIT ETC. CITY STATE ZIP COUNTY

PHONE: _____ EMAIL: _____ HIGHEST LEVEL OF EDUCATION: No Prior College Some College Bachelor's Degree Post-Baccalaureate Degree

US CITIZENSHIP: Yes No
PERMANENT RESIDENCE: California Out of State Foreign

PLEASE PROVIDE YOUR ETHNIC IDENTITY CODE (optional): _____

- | | | | | | |
|--|--|----------------------|----------------------|------------------|---------------------------|
| 1 – AMERICAN INDIAN OR ALASKAN NATIVE;
TRIBE: | 3 – MEXICAN AMERICAN, MEXICAN, CHICANO | 8 – OTHER | D – DECLINE TO STATE | K – KOREAN | Q – CUBAN |
| 2 – BLACK, NON-HISPANIC, INCLUDING AFRICAN
AMERICAN | 4 – OTHER LATINO, SPANISH-ORIGIN, HISPANIC | 9 – NO RESPONSE | F – FILIPINO | L – LAOTIAN | R – ASIAN INDIAN |
| | 5 – OTHER ASIAN | A – CENTRAL AMERICAN | G – GUAMANIAN | M – CAMBODIAN | S – OTHER SOUTHEAST ASIAN |
| | 6 – OTHER PACIFIC ISLANDER | B – SOUTH AMERICAN | H – HAWAIIAN | N – SAMOAN | T – THAI |
| | 7 – WHITE, CAUCASIAN | C – CHINESE | J – JAPANESE | P – PUERTO RICAN | V – VIETNAMESE |

For Office Use Only	TO BE COMPLETED BY THE STUDENT (List courses for which you are registering)							If prerequisites are not met, department Chair signature is also required.	
	OU Class Number	Class Number	Course Department & Number	Section	Units	Course Title	Cost		Instructor's Name Printed
		<i>Example: 82984</i>	<i>COMM 3000</i>	<i>01</i>	<i>3</i>	<i>Theories of Communication</i>	<i>\$1050</i>	<i>Dr. D. Simmons</i>	

I agree to abide by the academic, payment & refund policies governing these courses as printed in the CSUB Catalog. If my payment by credit card or check is not paid by the bank, I am still responsible for all course fees. I authorize Extended Education and Global Outreach (EEGO) to change my record, if necessary, to reflect the above information.

SIGNATURE: _____ DATE: _____

PAYMENT METHOD: Payment can be submitted online through your myCSUB account or by completing an Extended Education Payment Form and submitting it to our office.

UNIT LIMITATIONS: A maximum of **24 semester** units may be applied towards a Bachelor's Degree. A maximum of **9 semester** units may be applied towards a Master's Degree.

(Initial & Date)

Received By: _____

Registered By: _____

Total Fees Owed: \$ _____

NONDISCRIMINATION POLICY
EEGO 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).