



**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.csub.edu

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

FIRST: _____ M.I.: _____ LAST: _____ SEX: Male Female DOB: ____/____/____
mm dd yyyy

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

COUNTY: _____ PHONE: _____ EMAIL: _____

US CITIZENSHIP: Yes No
PERMANENT RESIDENCE: California Out of State Foreign
HIGHEST LEVEL OF EDUCATION: No Prior College Some College Bachelor's Degree Post-Baccalaureate Degree

PLEASE PROVIDE YOUR ETHNIC IDENTITY CODE (optional): _____

- | | | | | | |
|--|---|---|---|--|--|
| 1 – American Indian or Alaskan Native;
Tribe: _____ | 3 – Mexican American, Mexican, Chicano
4 – Other Latino, Spanish-origin, Hispanic
5 – Other Asian
6 – Other Pacific Islander
7 – White, Caucasian | 8 – Other
9 – No Response
A – Central American
B – South American
C – Chinese | D – Decline to State
F – Filipino
G – Guamanian
H – Hawaiian
J – Japanese | K – Korean
L – Laotian
M – Cambodian
N – Samoan
P – Puerto Rican | Q – Cuban
R – Asian Indian
S – Other Southeast Asian
T – Thai
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	Instructor's Signature
	<i>Example: 82984</i>	<i>COMM 3000</i>	<i>126</i>	<i>3</i>	<i>Theories of Communication</i>	<i>\$900</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. Refund checks must be requested by calling the Extended University during office hours, and will be processed according to the university refund policy.

SIGNATURE: _____ DATE: _____

PAYMENT METHOD

REGISTRATION FORM WILL NOT BE PROCESSED UNTIL PAYMENT IS RECEIVED. **WE DO NOT ACCEPT PAYMENTS VIA PHONE, FAX OR EMAIL.**

CHECK, MONEY ORDER, OR CERTIFIED CHECK #: _____ Amount: \$ _____

CREDIT CARD: Visa MasterCard Card #: _____ Expiration Date: _____ CC Zip Code: _____

Name on CC: _____ Cardholder Signature: _____ Amount Authorized: \$ _____

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: _____

Payment Processed By: _____

Fees Paid: \$ _____

Receipt#: _____